

Minutes of the meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Friday, January 30, 2015 at the hour of 9:00 A.M. at 1900 West Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Hammock called the meeting to order.

Present: Chairman M. Hill Hammock, Vice Chairman Hon. Jerry Butler and Directors Lewis M. Collens; Ric Estrada; Ada Mary Gugenheim; Emilie N. Junge; Wayne M. Lerner, DPH, LFACHE; Erica E. Marsh, MD, MSCI; Carmen Velasquez; and Dorene P. Wiese (10)

Absent: None (0)

Additional attendees and/or presenters were:

Peter Daniels – Chief Operating Officer,
Hospital-Based Services

Krishna Das, MD - System Chief Quality Officer

Douglas Elwell – Deputy CEO of Finance and
Strategy, Interim Deputy CEO of Operations

Randolph Johnston – Associate General Counsel

Gladys Lopez – Chief of Human Resources

Jennifer Purcell – Labor Employment Attorney

Elizabeth Reidy – System General Counsel

Deborah Santana – Secretary to the Board

John Jay Shannon, MD – Chief Executive
Officer

Caryn Stancik – Executive Director of
Communications

II. Public Speakers

Chairman Hammock asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speakers:

- | | |
|---------------------|----------------------------------|
| 1. George Blakemore | Concerned Citizen |
| 2. Herbert Harris | Employee, Environmental Services |
| 3. Glenda Jakes | Employee, Environmental Services |
| 4. Jerome Smiley | Employee, Environmental Services |
| 5. Sylvia Gordon | Employee, Environmental Services |
| 6. Luz Marie Peña | Employee, Environmental Services |
| 7. Janet Flowers | Employee, Environmental Services |

Several employees from Environmental Services presented comments regarding several issues, including those relating to Sodexo's management of Environmental Services, hospital cleanliness, supplies and human resources matters. The following individuals presented information in response to the comments: Dr. John Jay Shannon, Chief Executive Officer; Peter Daniels, Chief Operating Officer, Hospital-Based Services; Gladys Lopez, Chief of Human Resources; and Jennifer Purcell, Labor Employment Attorney. Mr. Daniels stated that staff will further review and will return to the Board with an update on the subject.

III. Employee Recognition

Dr. Shannon recognized employees for outstanding achievements. Details and further information is included in Attachment #6 - Report from the Chief Executive Officer.

IV. Board and Committee Reports

Chairman Hammock provided an introduction to a new approach that will be taken with regard to presentation of Committee information to the Board. The new fiscal year started on December 1st, and this is the first Board Meeting that has access to the first month's results of the new fiscal year. As an independent Board, the Members are expected, appropriately so, to not only challenge the staff of the System but to also support them, and also be transparent to the taxpayers of Cook County who help to support this System. As the Committee Reports are reviewed by each Chair, he has asked each Committee to begin putting together a set of metrics that they will review in their individual Committee meetings and discuss at length; they will then bring some summary group to the Board, so all can have an appreciation of the issues around each Committee - where it is going, how it is performing, etc. The metrics will be a regular monthly part of each Committee's report. Additionally, he has asked each Committee Chair to not only present the minutes of their meeting, but also to elaborate and highlight any particular issues that arose at their meeting for the entire Board.

Chairman Hammock stated that, on a monthly basis, the designated Committee(s) will take some special time (20-30 minutes) in each Board Meeting to highlight some big issues and give a more detailed report about their activities; each Committee's report will rotate once a quarter. Each month, the Board will get metrics for each Committee; quarterly, each Committee will give their more detailed report. He noted that the Directors should anticipate being in attendance for the meetings from 9:00 A.M. to 12:00 P.M.

Chairman Hammock indicated that, when the Board looks forward to matters such as next year's budget, it should have a better handle on what has been happening this year as a result of its regular review of Committee metrics and focus area presentations. Additionally, regarding the strategic plan, he stated that the Board will soon need to update it; he expects that they will do that later this year, but having metrics and being up to date on all the issues will inform the Board Members and help guide them as they do that.

In response to a question regarding the plan for the strategic planning activities, Chairman Hammock stated that he and Dr. Shannon are working on how they will construct it and go about it with the Board's input. He noted that the strategic plan will not try to predict what health care will be ten years from now; rather, the intent is to try to develop a strategic/operating plan that will guide the Board and administration through the next three to four years to make the very best decisions on the key issues. They will return to the Board with a plan; he expects that it will be done within the next six months, hopefully before the budget.

A. Minutes of the Board of Directors Meeting, December 12, 2014

Director Lerner, seconded by Director Gugenheim, moved the approval of the Minutes of the Board of Directors Meeting of December 12, 2014. THE MOTION CARRIED UNANIMOUSLY.

B. Quality and Patient Safety Committee Meeting, January 20, 2015

i. Metrics (Attachment #1)

ii. Meeting Minutes

- Medical Staff Appointments/Reappointments/Changes
- Proposed Amendments to the Stroger Hospital Patient Safety Plan

Director Gugenheim presented the Meeting Minutes and reviewed the metrics with Dr. Krishna Das, Chief Quality Officer. The Board reviewed and discussed the information.

IV. Board and Committee Reports (continued)

Director Gugenheim, seconded by Director Lerner, moved the approval of the Minutes of the Quality and Patient Safety Committee Meeting of January 20, 2015. THE MOTION CARRIED UNANIMOUSLY.

C. Managed Care Committee Meeting, January 22, 2015

i. Metrics (Attachment #2)

ii. Meeting Minutes

Director Lerner presented the Meeting Minutes and reviewed the metrics with Doug Elwell, Deputy CEO of Finance and Strategy. The Board reviewed and discussed the information.

During the review of the information, Director Lerner inquired regarding the data under FYTD Revenue and Expenses; he stated that it seems that the per-member per-month (PMPM) cost is below the monthly composite PMPM, but it is showing a loss - why? Mr. Elwell responded that, at the beginning of FY2014, in December of 2013 before the Affordable Care Act (ACA) kicked in, the System was still putting up a 50% match; for the month of December, the System effectively got paid half of the cost, and that was a \$25 million loss. Now CountyCare is profitable for the System, but the fact that the System had to put up half the match had an effect on the year to date totals. Director Lerner suggested that a key or subnotes be included on the slides to explain issues such as that.

Director Lerner, seconded by Director Marsh, moved the approval of the Minutes of the Managed Care Committee Meeting of January 22, 2015. THE MOTION CARRIED UNANIMOUSLY.

D. Human Resources Committee Meeting, January 23, 2015

i. Metrics

ii. Focus Area Presentation (Attachment #3)

iii. **Meeting Minutes

- Proposed Collective Bargaining Agreement/prevaling wages-related matter with Teamsters Local 700

Director Wiese presented the Meeting Minutes and reviewed the metrics and Focus Area Presentation with Gladys Lopez, Chief of Human Resources. The Board reviewed and discussed the information.

In response to Director Velasquez' question regarding a metric for language fluency, Dr. Shannon stated that there is a commitment to address that subject. He indicated that it falls mostly under the domain of patient satisfaction and patient safety; for that reason he suggested that the subject be reviewed in the Quality and Patient Safety Committee.

In response to a question from Director Junge regarding whether there is a way to show the relationship between the vacancies and the hires as a metric, Ms. Lopez stated one of the metrics that she will start providing is the average time to fill, broken down by type of position.

IV. Board and Committee Reports (continued)

Director Wiese noted that there is a need to develop metrics for the following two types of data that overlap: 1) how many positions are crucial in any given year; and 2) how many positions does the System have under contract. With regard to the question of the number of positions under contract, she stated that the Board has never received a report that contains that information; she noted that receiving that information is important and necessary.

During the discussion of the subject of the average time to fill positions, Director Estrada requested information so the Board can have an understanding of how long it takes other safety-net, publicly-funded hospitals to get employees on-boarded. Chairman Hammock stated that this would be a good topic for the Human Resources Committee to address in their next Focus Area Presentation. He would like to go into a little greater detail about some of the Collective Bargaining Agreements (CBAs), to try to create that timeline about what is required under CBAs and the steps that System staff take in relation to CBAs, so everyone has a clear understanding of it. Director Lerner stated that it would be helpful, as part of the next focus, to receive an education on the CBAs; if there is some difference between and among them, the Board ought to know what can be realistically achieved and then decide how competitive the System is going to be, given labor shortages and certain constraints. Ms. Lopez added that one of the subjects that has been discussed is that perhaps there is a need to educate the public regarding the hiring process; if applicants know in advance how long it may take and the steps that are required for the process, it could reduce or eliminate the frustration that applicants experience when going through the hiring process.

Director Wiese, seconded by Director Marsh, moved the approval of the Minutes of the Human Resources Committee Meeting of January 23, 2015. THE MOTION CARRIED UNANIMOUSLY.

E. Finance Committee Meeting, January 23, 2015

i. Metrics (Attachment #4)

ii. Meeting Minutes

- Contracts and Procurement Items (detail was provided as an attachment to the Board Agenda)
- Intergovernmental Agreement between Cook County, Illinois, through CCHHS, and the Illinois Department of Healthcare and Family Services, regarding payments for health care services and administrative expenditures in support of the Illinois Medicaid program
- Proposed resolutions authorizing signatory updates for three (3) John H. Stroger, Jr. Hospital of Cook County bank accounts held at JP Morgan Chase Bank

Director Collens presented the Meeting Minutes and led a discussion regarding proposed metrics with Mr. Elwell. The Board reviewed and discussed the information.

Director Collens stated that there is a need to find a way to develop process metrics on contracting and measure those against good practices; due to the fact that the administration is currently working towards filling the position of Executive Director of Supply Chain Management, the Committee is probably several months away from developing a serious set of metrics on that subject. Mr. Elwell concurred. He stated that the administration is going to try to expedite that; he noted that, at this point, the System does not even have a contract management system, so that is also an issue, although staff are now in the process of procuring one. In 90-120 days, he is hoping that the Committee will have some metrics; those metrics will include measurement of the length of time from date of requisition to time of contract and the percentage of contracts renewed on time.

IV. Board and Committee Reports (continued)

Director Collens indicated that there also needs to be a metric for Request for Proposals (RFPs). Additionally, he said that he is not sure whether there is a metric that would make sense for this, but with regard to the System's process of separating the contracts out some more in terms of what is a pretty routine product purchasing that comes through the purchasing cooperatives, as opposed to service contracts where there tends to be more questions, this perhaps is a subject that could be measured in some way.

Director Lerner inquired whether staff can define and identify sole source versus multi source contracts. He stated that it was also important to look at diversity within the contracting process to make sure the minority groups have the opportunity to at least bid if not gain access to some of the contracts. Chairman Hammock stated that, when the Committee or Board is analyzing a contract and there is an increase involved, he would like for the members to be able to quickly understand whether the increase is due to any of the following reasons: 1) because time is being added to the contract; 2) because the volume has gone up significantly; or 3) because the price has increased (no change to volume/time period).

Director Wiese indicated that a metric should be developed that relates to the measurement of the accomplishments of the contract, or the evaluation of the key performance indicators (KPI) related to the contract. Chairman Hammock stated that this would be a good topic for a Focus Area Presentation. Mr. Elwell stated that there is a process that has been initiated relating to that; on a quarterly basis, the vendor is brought in and KPIs are reviewed and rated by the manager of the contract. This is a very new discipline; they are not doing it with many of the contracts yet, but staff will work on a metric that can be reported back to the Board on that subject.

It was noted that Contract Compliance had not completed review of all of the contracts considered at the January 23, 2015 Finance Committee Meeting; therefore, conditional approval was requested for those requests that remained pending (request numbers 5, 6, 8, 9, 15, 16, 21, 22, 23, 25 and 26, under the Contracts and Procurements Items).

Director Collens, seconded by Director Lerner, moved the approval of the Minutes of the Finance Committee Meeting of January 23, 2015, with the exception of request numbers 5, 6, 8, 9, 15, 16, 21, 22, 23, 25 and 26, under the Contracts and Procurement Items, which are conditionally approved, pending being found responsive to the Minority- and Women-Owned Business Enterprise provisions in the Cook County Ordinance on Procurement and Contracting, which provisions are included in the Cook County Health and Hospitals System Procurement Policy. THE MOTION CARRIED UNANIMOUSLY.

V. Action Items

A. Contracts and Procurement Items

There were no contracts and procurement items presented directly to the Board for its consideration.

V. Action Items (continued)

B. Proposed Amendments to the Rules of Organization and Procedure of the CCHHS Board of Directors (Attachment #5)

Elizabeth Reidy, General Counsel, briefly reviewed the proposed Amendments. Director Butler noted that, traditionally, under the Rules of the Board of Commissioners, when the County Commissioners get into the roll call vote on a motion, a Commissioner is allowed a minute to explain or enhance his or her vote; he inquired whether these Rules include that provision. Ms. Reidy responded that it is not currently included, but it can certainly be added to track what they do at the County Board.

Director Lerner, seconded by Director Wiese, moved the approval of the proposed Amendments to the Rules of Organization and Procedure of the CCHHS Board of Directors, as amended. THE MOTION CARRIED UNANIMOUSLY.

C. Any items listed under Sections IV, V and VIII

VI. Report from Chairman of the Board

Chairman Hammock stated that one of the goals for the Board Members is for them to try to review the metrics in advance of the Board Meeting; when they receive their package of materials in advance of the meeting, it will include the monthly minutes and the monthly metrics. He added that a revised schedule of monthly Focus Area Presentations will be distributed.

VII. Report from Chief Executive Officer (Attachment #6)

Dr. Shannon provided an update on several subjects; detail is included in Attachment #6. The Board reviewed and discussed the information. Caryn Stancik, Executive Director of Communications provided additional information regarding a recent event hosted by American Indian Health.

With regard to the event hosted by American Indian Health, Director Wiese noted that her organization, the American Indian Association of Illinois, is one of the largest communities geographically for that population; she has been working hard to get her community signed up for coverage under the ACA.

Dr. Wiese provided some background on the subject of health care needs and services for the American Indian population. She stated that there is a lot of money allocated to reservation hospital systems, but 78% of American Indians live off of reservations, in cities like Chicago; while there is a clinic in Chicago, there is one doctor for 100,000 people - that is indicative of the general status of American Indian health care across the nation. She added that any discussions at the federal level regarding funding of health care services should include the subject of increasing funding for urban American Indian health services.

VIII. Closed Meeting Items

- A. Claims and Litigation**
- B. Discussion of personnel matters**
- C. Minutes of the Human Resources Committee Meeting, January 23, 2015**

The Board did not recess the open meeting and convene in a closed meeting.

IX. Adjourn

Director Lerner, seconded by Director Junge, moved to adjourn the meeting. THE MOTION CARRIED UNANIMOUSLY AND THE MEETING ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
M. Hill Hammock, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
January 30, 2015

ATTACHMENT #1

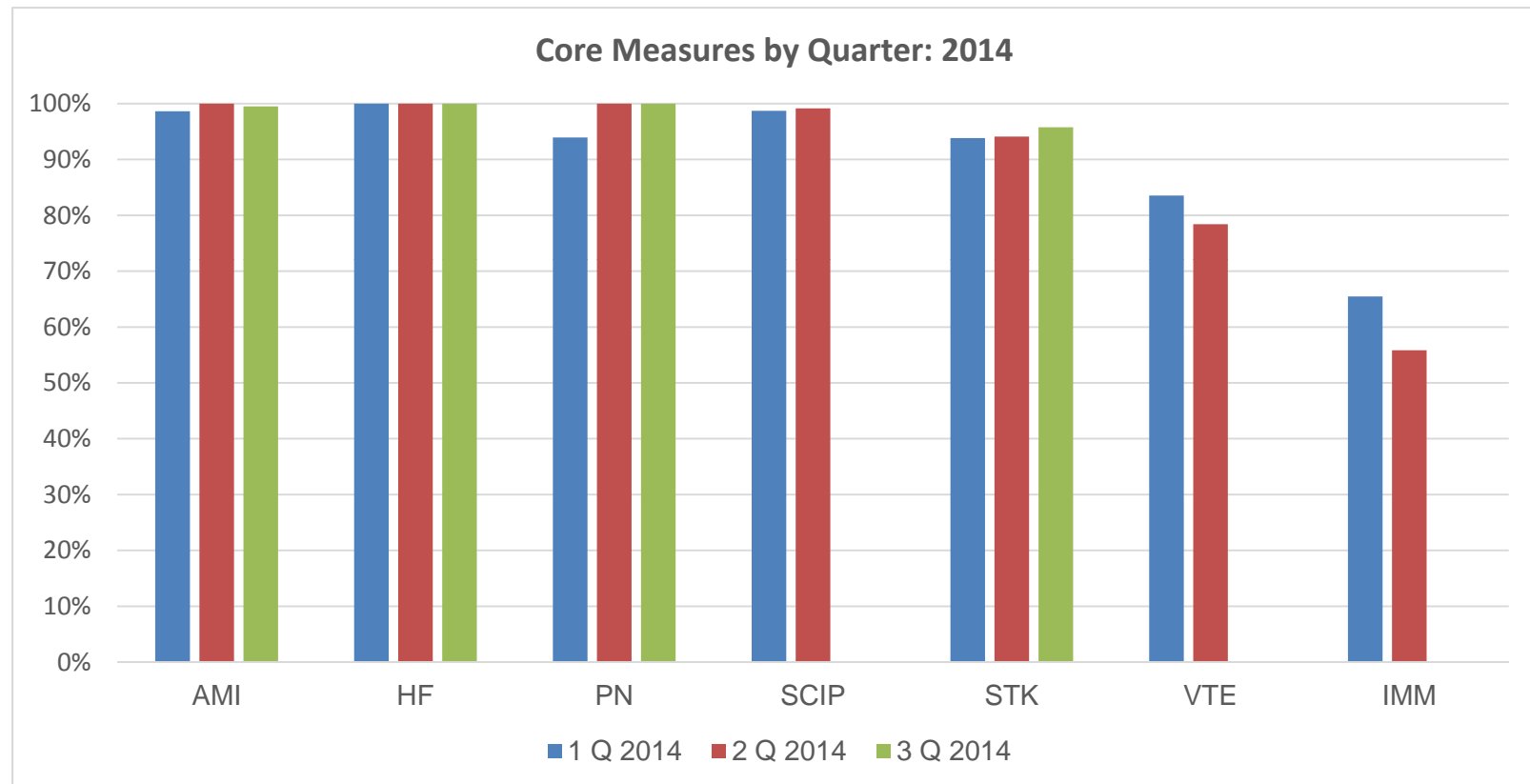
Quality Metrics Draft

CCHHS Board of Directors

1.30.2015

Core Measures by Quarter

(SAMPLE: STROGER HOSPITAL)



Legend:

AMI Acute Myocardial Infarction (heart attack)

HF Heart Failure

PN Pneumonia

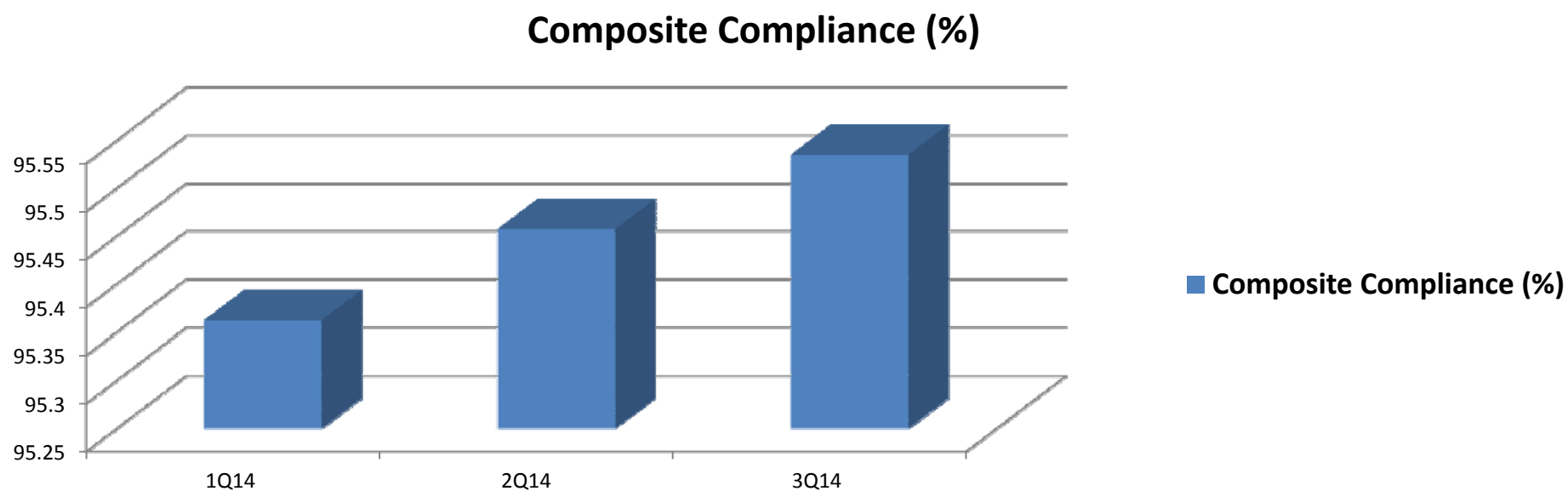
IMM Immunization

SCIP Surgical Care Improvement Program

STK Stroke

VTE Venous Thromboembolism Prevention

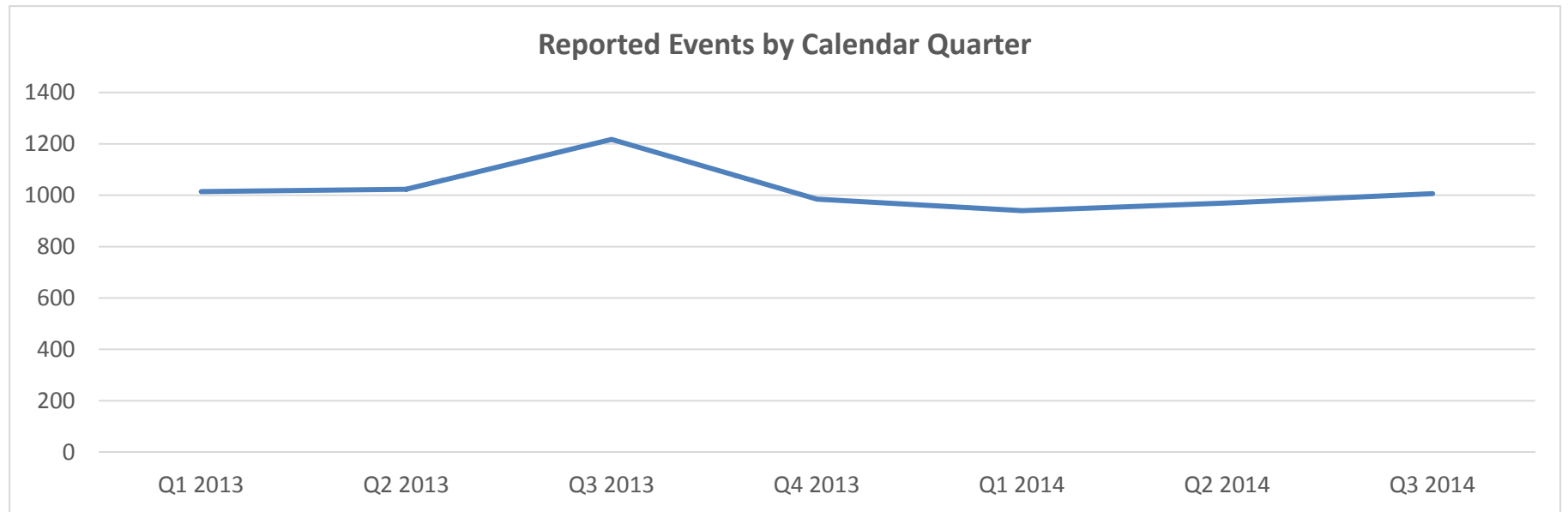
Core Measure Composite (SAMPLE: STROGER HOSPITAL)



Composite = weighted average of all core measures

Patient Safety

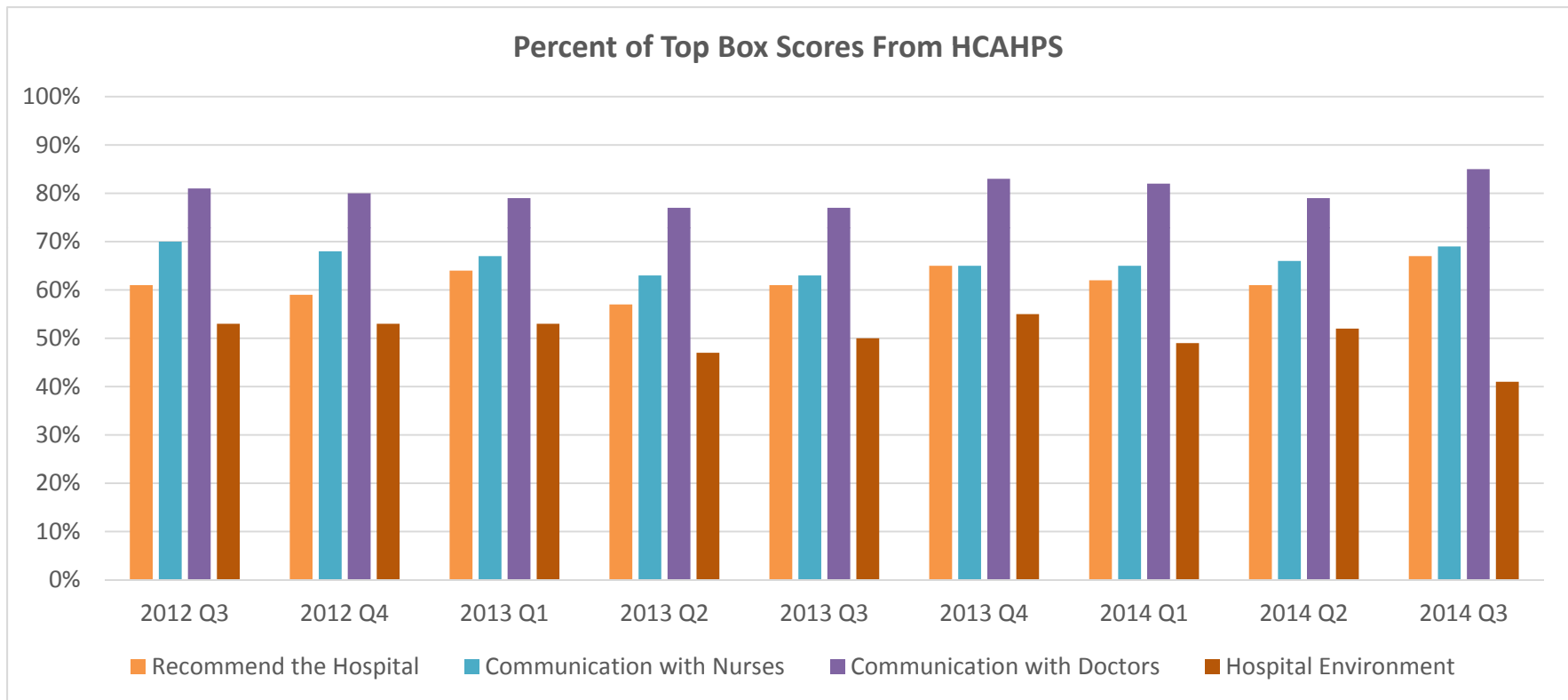
REPORTED EVENTS IN EMERS*



EMERS = Electronic Medical Event Reporting System

Patient Experience

(SAMPLE: STROGER HOSPITAL)



Cook County Health and Hospitals System
Board of Directors Meeting Minutes
January 30, 2015

ATTACHMENT #2

CCHHS/Cook County Monthly Finance Meeting - CountyCare Dashboard
Data as of 01/06/2015

	Sep'14	Oct'14	Nov'14	Dec'14	Jan'15	Change From Dec'15	Trend	Benchmark/ Target	% to Target	Notes/Comments
Membership										
Monthly Membership	92,515	88,894	85,085	86,562	96,618	11.6%	↑	124,317	77.7%	Source: CountyCare Reports from 820/834
ACA	92,350	88,348	82,496	78,914	77,292	-2.1%	↓	85,628	90.3%	Benchmark = CCHHS FY'15 Budget
FHP	16	353	1,324	6,111	17,569	187.5%	↑	35,000	50.2%	
SPD	85	113	1,038	1,537	1,757	14.3%	↑	3,690	47.6%	
Home/Community Waiver	64	80	227	271	254					HCBS included in total
FYTD Member Months	951,384	1,040,278	1,125,363	86,562	183,180			234,967	78.0%	Benchmark = CCHHS FY'14 Budget
ACA	951,219	1,039,567	1,122,063	78,914	156,206			177,764	87.9%	
FHP	16	369	1,693	6,111	23,680			50,000	47.4%	
SPD	85	198	1,236	1,537	3,294			7,204	45.7%	
Home/Community Waiver	64	144	371	271	525					HCBS included in total
Monthly Composite PMPM	\$635.07	\$638.80	\$642.48	\$645.31				\$639.76	100.9%	Benchmark = HFS Actuarials, March'14 Membership
FYTD Revenue & Expense										
Total Revenue (net)	\$554,728,999	\$607,774,914								Source: CCHHS Monthly Financials
Total Expense	\$593,636,321	\$631,810,159								Benchmark = CCHHS FY'15 Budget
Surplus/(Loss)	(\$38,907,322)	(\$24,035,245)								
Total Cost PMPM	\$623.97	\$607.35				-2.7%	↑	\$508.91	119.3%	
CCHHS Claims (incl IBNR)	\$196,005,958	\$188,177,760								Source: CCHHS Monthly Financials
Non-CCHHS Claims (incl IBNR)	\$183,377,422	\$199,486,992								Benchmark = CCHHS FY'15 Budget
CCHHS PMPM Cost	\$206.02	\$180.89				-12.2%	↓	\$197.91	91.4%	
Non-CCHHS PMPM Cost	\$192.75	\$191.76				-0.5%	↑	\$277.12	69.2%	
Pharmacy										
# Scripts Filled	137,036	131,007	117,177	131,890						Source: CountyCare PBM
Monthly PMPM Cost	\$134.34	\$105.19	\$99.13	\$120.46		3.8%	↓	\$116.00	103.8%	Benchmark = CCHHS FY'15 Budget
Rx \$ @ Non-CCHHS Pharmacies	\$11,236,690	\$8,662,770	\$7,767,365	\$9,611,850		-31.1%	↑			
Rx \$ @ CCHHS Pharmacies	\$1,096,827	\$626,947	\$668,490	\$838,982		-19.5%	↑			
% of \$ @ CCHHS	8.9%	6.7%	7.9%	8.0%		0.1%	--			
Care Coordination										
Authorizations: Inpatient	1,475	1,320	1,283	1,041		-18.9%	↓			Source: TPA Reporting Data
Authorizations: Outpatient	1,674	1,724	1,488	1,472		-1.1%	↓			
Health Risk Assessments/Screenings/Month	1,811	2,397	2,150	4,382		2,232	↑			
YTD % High Risk Members	1.9%	2.0%	1.9%	3.4%				2.0%	100.0%	Benchmark = MCCN Contract Requirement
% Capture @ CCHHS										
			FY'14 Q4 (N=275,103)			7/1-11/30 (N=512,138)				
Emergency Room			16.5%			17.9%		32.7%		Source: CountyCare TPA Claims Data,
Hospital Inpatient			15.9%			15.6%		15.8%		% Claims @ CCHHS
Hospital Outpatient			22.3%			25.3%				Benchmark = FY'13 Q4
Other Medical			0.6%			0.6%				
Primary Care			41.3%			40.5%		43.5%		
Specialist			6.2%			8.5%				
Grand Total			18.5%			19.5%				

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
January 30, 2015

ATTACHMENT #3

COOK COUNTY HEALTH & HOSPITALS SYSTEM HUMAN RESOURCES COMMITTEE REPORT FOR THE CCHHS BOARD OF DIRECTORS

JANUARY 30, 2015

Gladys Lopez, Chief of Human Resources

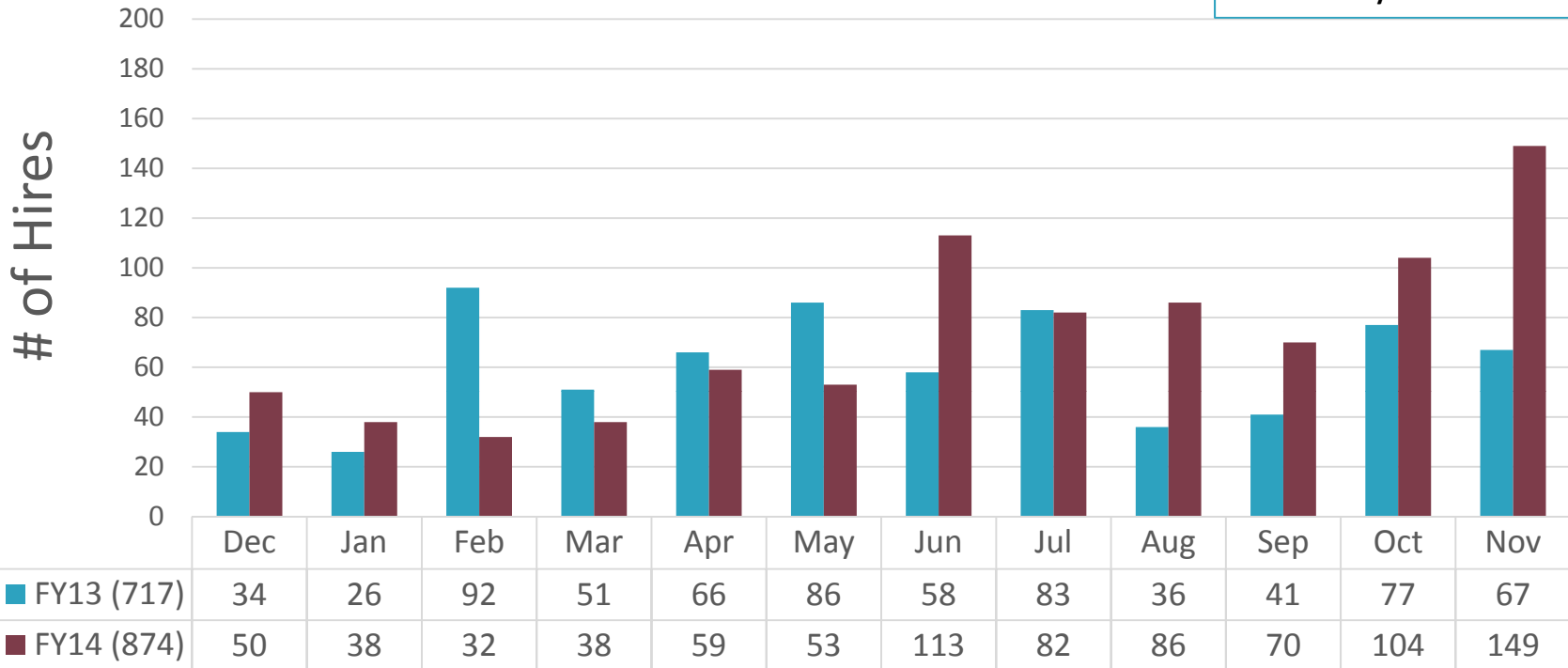


COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CC+HHS

FY14 Hires: Year End

VACANCIES FILLED

FY13 717
FY14 874
Increased by 22%



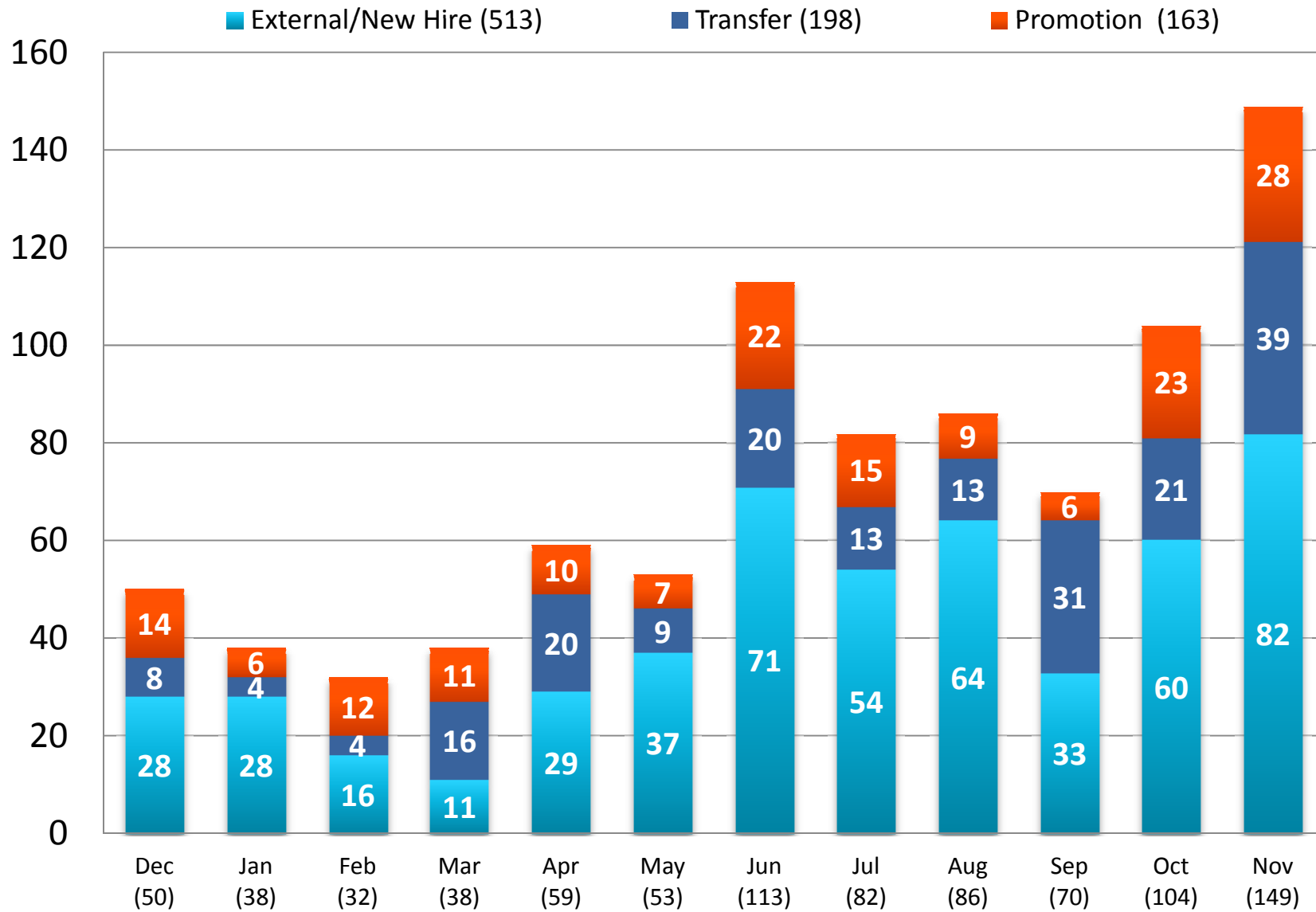
COMPARISON OF VACANCIES FILLED

FY14 Vacancies Filled by Job Function

Quarter Ended	1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	Total
Job Function					
Licensed Practice Nurses	1	1	14	8	24
Nursing (CNI, CNII, APN, Nurse Coordinator, Clinician)	31	63	100	117	311
Physicians	26	14	32	25	97
Pharmacy	11	9	15	14	49
Other	51	63	120	159	393
Total	120	150	281	323	874



FY14 Vacancies Filled by Hiring Source (874)



INTERNAL & EXTERNAL VACANCIES FILLED

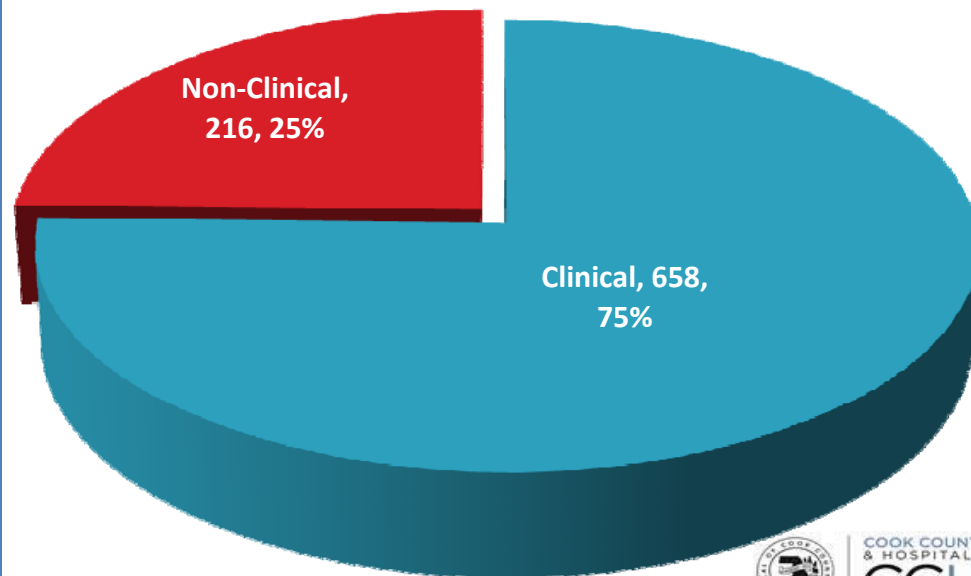
FY14 Clinical vs. Non-Clinical Vacancies Filled (874)

Clinical Classifications / Titles (658)

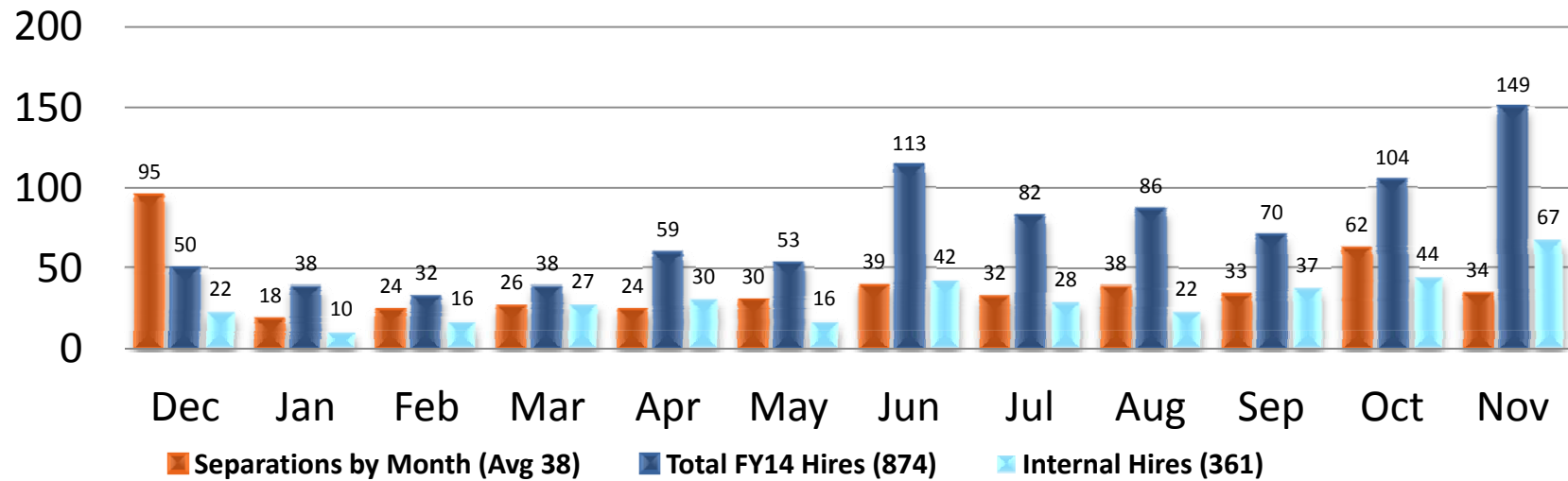
Assistant Residency Program Coordinator
Attendant Patient Care
Biochemist II
Biomedical Tech
Caseworker V
CAT Technologist
Correctional Medical Technician
Dentistry
Director of Patient Experience
Director, Clinic Cluster, South
EKG Tech
Emergency Response Tech
Emergency Room Technician
Epidemiologist
Histotechnologist
Laboratory
Licensed Practical Nurse II
Medical Assistant
Medical Social Workers
Medical Staff Services Liaison
Medical Technologist
Mental Health Specialist
MRI Tech
Nursing
Occupational Therapist
Operating Room Technician
Ophthalmology Vision Tech
Orthopedic Technologist
Pathologist Extender
Patient Care Attendant
Patient Service Coordinator
Pharmacy
Physical Therapist
Physician Assistant
Physicians
Radiology
Respiratory
Special Procedures Tech
Speech Language Pathologist
Sterile Processing Tech
Ultrasound Tech
Ward Clerk

Non-Clinical Classifications / Titles (216)

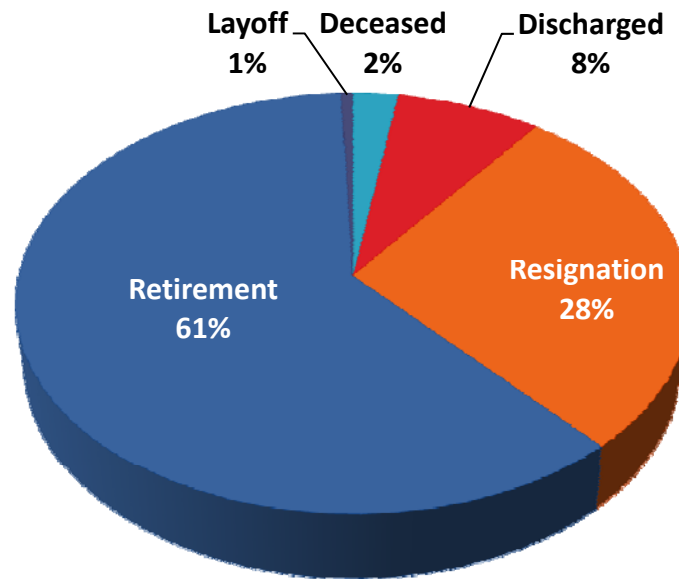
Building Service Worker
Business Manager
Business Office Supervisor
Clerical / Administrative
Compliance
Finance
Food Service / Dietary
Hospital Police Officer / Security
Human Resources / Labor Relations
Information Technology
Leadership / Management
Manager of Provider Relations, Managed Care
Procurement / Supply Chain
Project Director V
Residency Program Coordinator
Site Manager I
Trades



2014 Separations & Hires



Separations by Reason



NEW BEGINNINGS

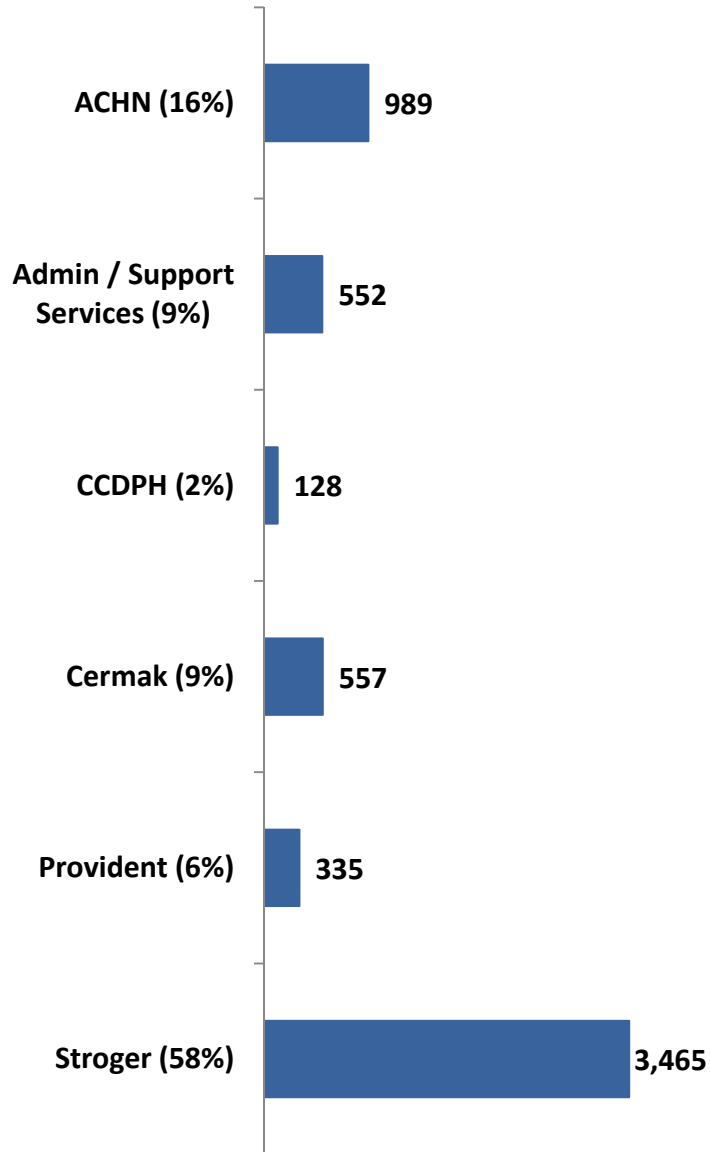
FY2015



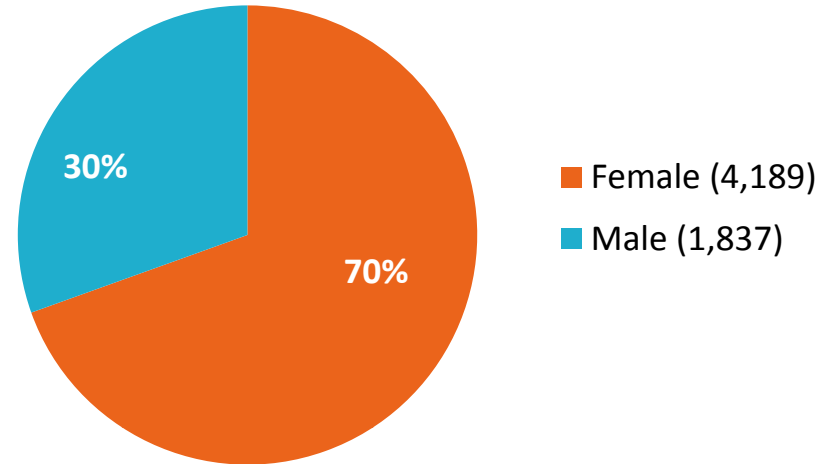
COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CC+HHS

CCHHS Employee Diversity Report (Data as of 12/03/14)

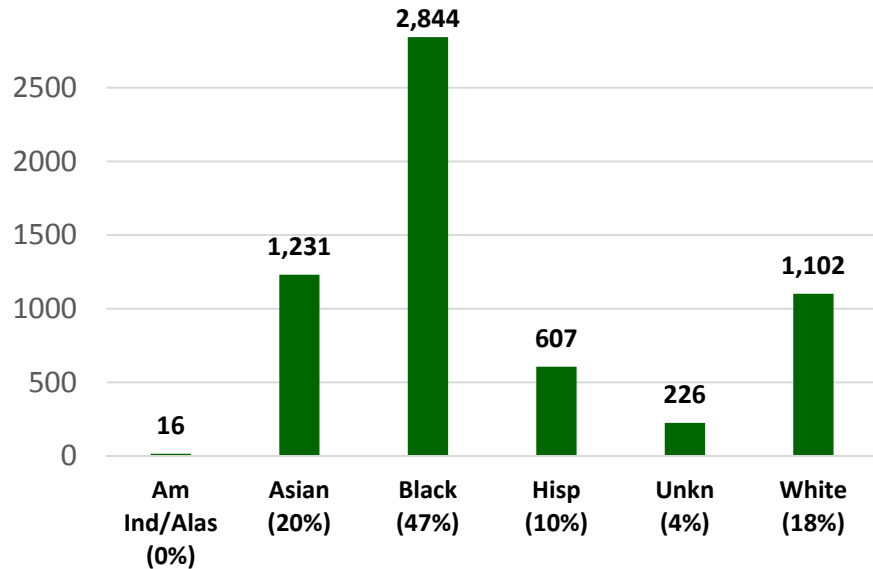
FY14 (6,026)



Gender

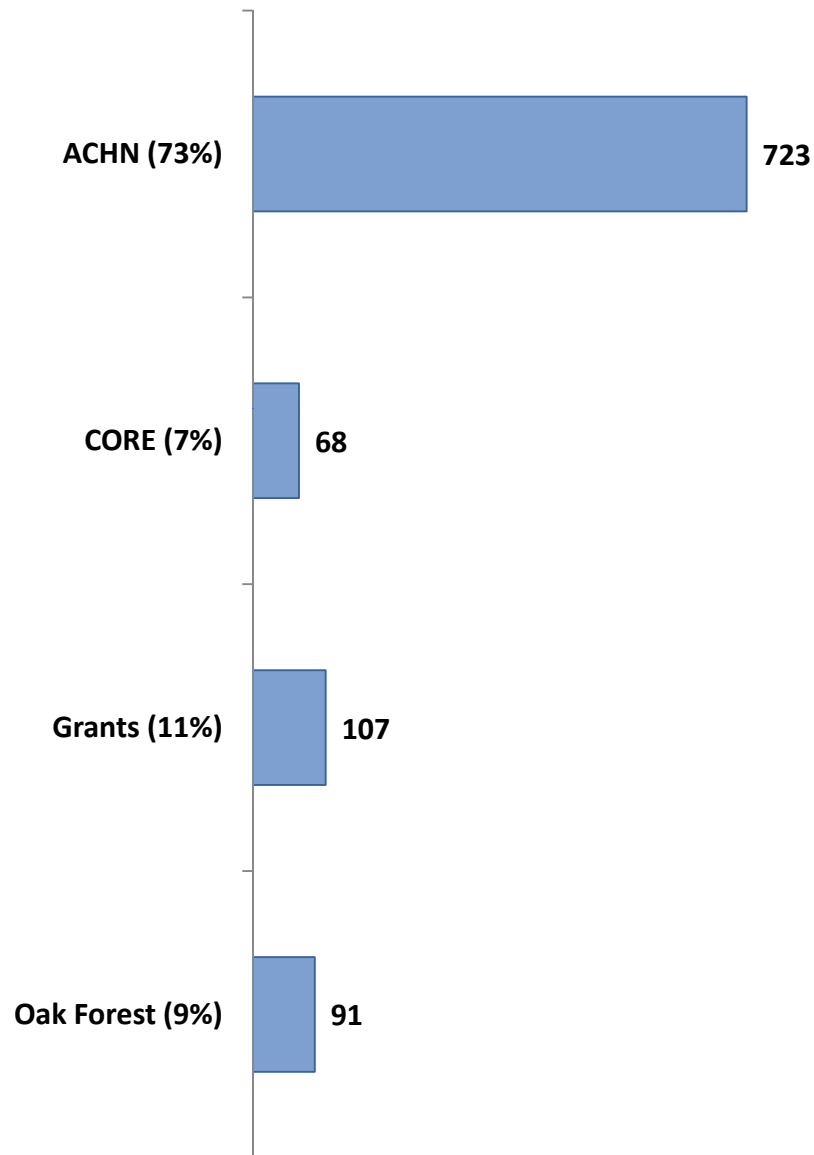


Race/Ethnicity

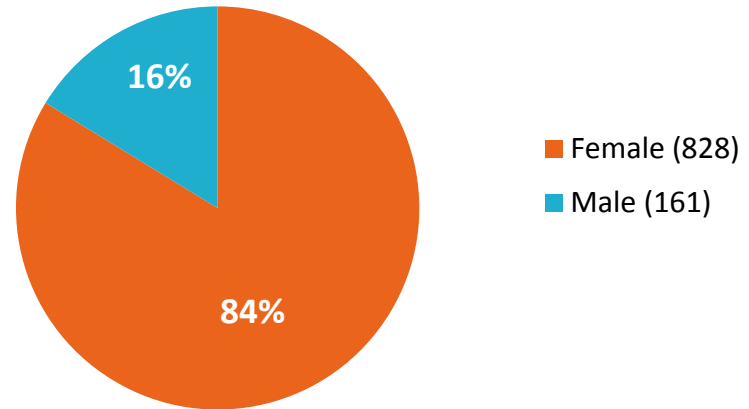


ACHN Employee Diversity Report (Data as of 12/03/14)

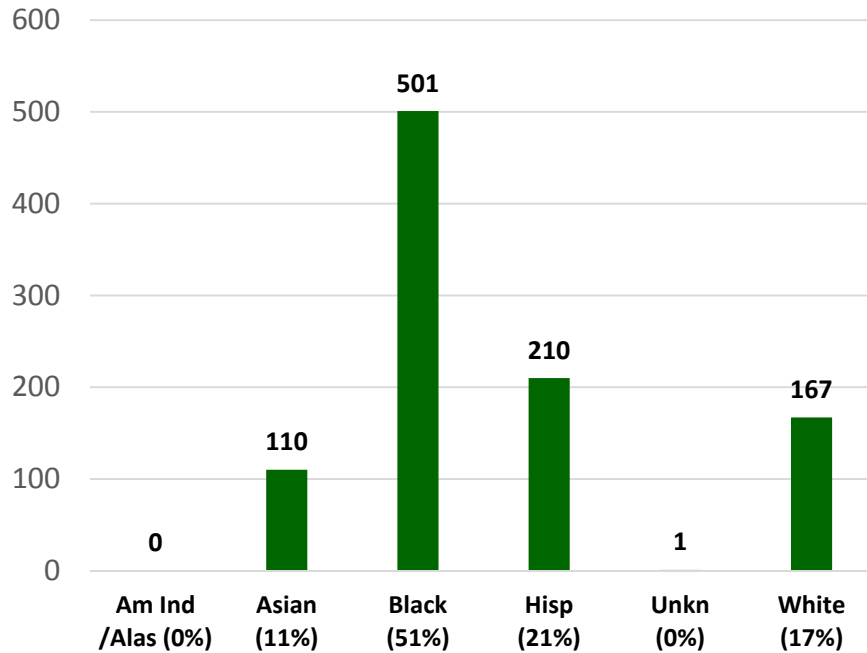
FY14 (989)



Gender



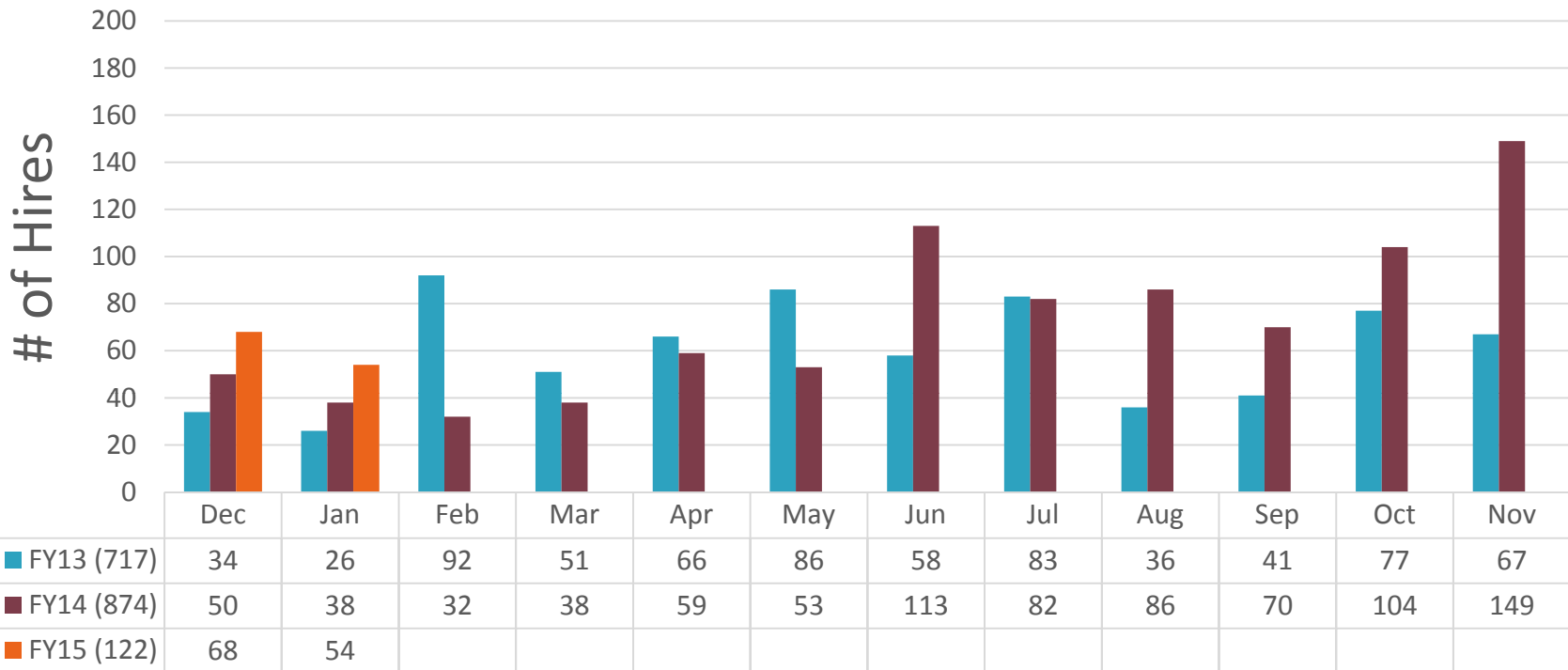
Race/Ethnicity



FY15 Hires: Comparison of FY13, FY14 to FY15 (through 01/12/15)

VACANCIES FILLED

FY13 717
FY14 874 Increase by 22%
FY15 122 -Thru 1/12/15

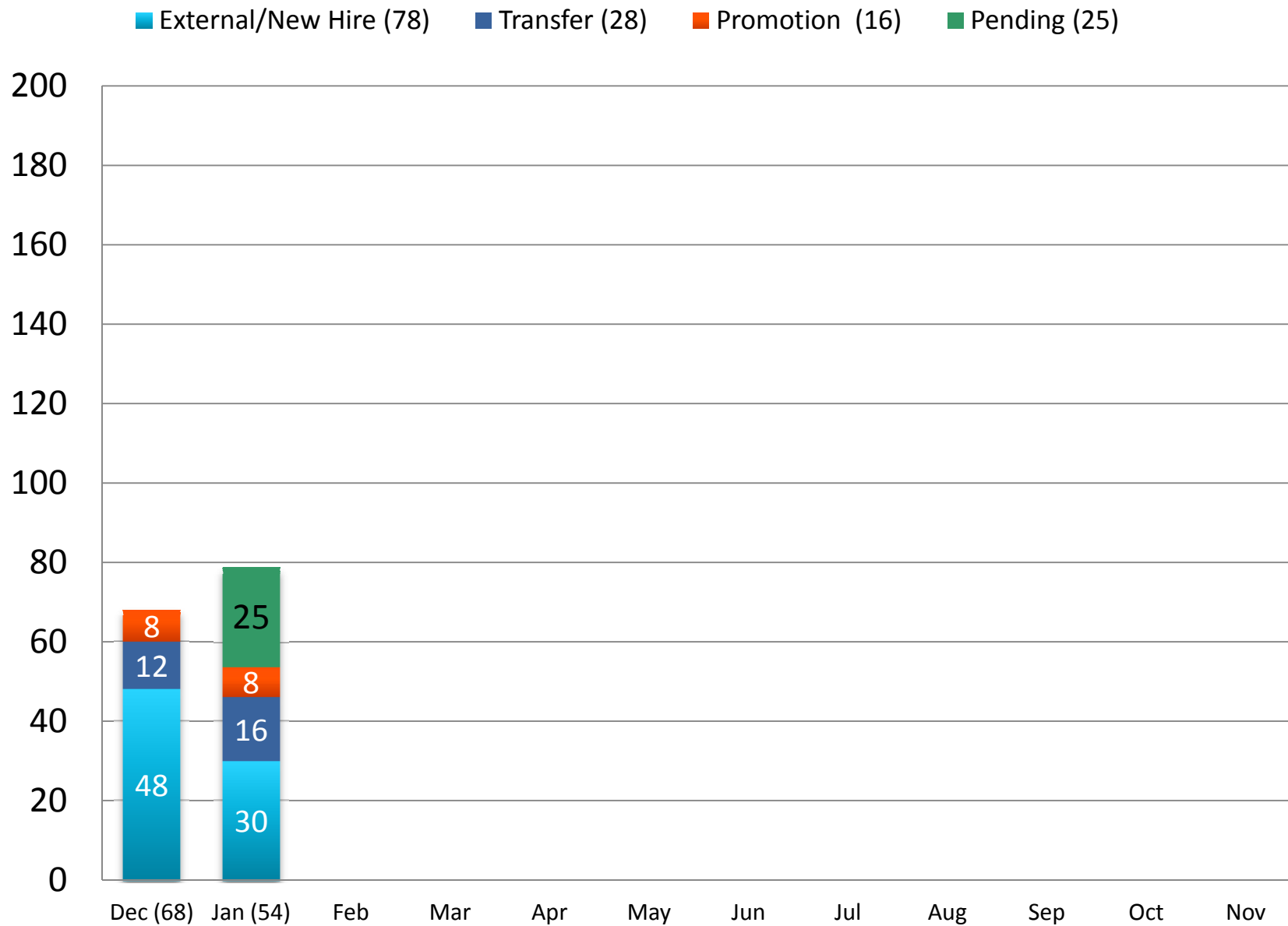


COMPARISON OF VACANCIES FILLED

FY15 Vacancies Filled by Job Function

Quarter Ended	FY14	Data Thru 01/12/15	1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr.	Total
Job Function							
Licensed Practice Nurses	24	2					
Nursing (CNI, CNII, APN, Nurse Coordinator, Clinician)	311	40					
Physicians	97	7					
Pharmacy	49	1					
Other	393	72					
Total	874	122					

FY15 Vacancies Filled by Hiring Source (122)



INTERNAL & EXTERNAL VACANCIES FILLED

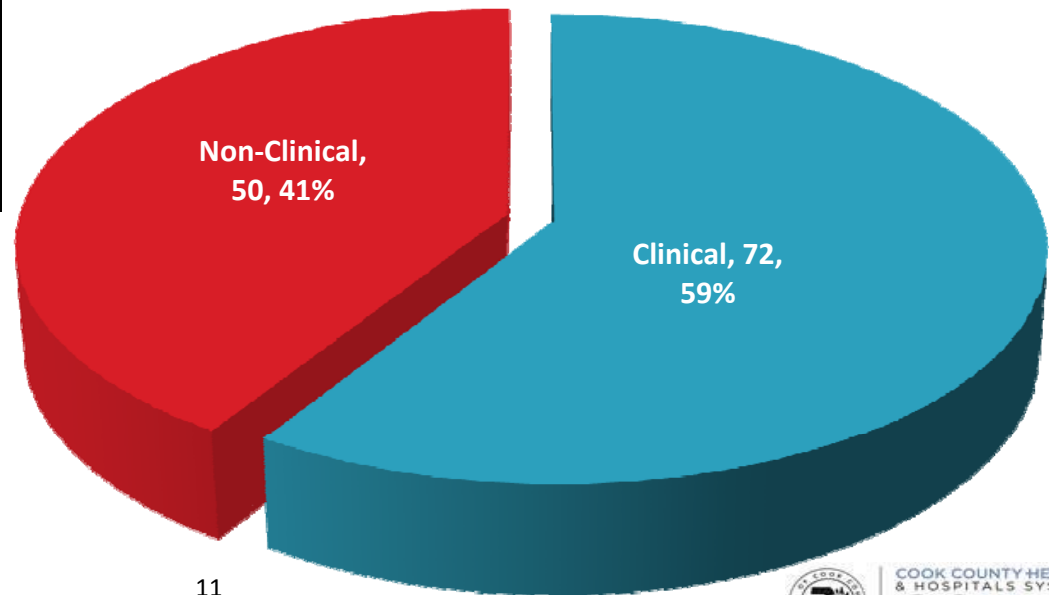
FY15 Clinical (72) vs. Non-Clinical (50) Vacancies Filled (122)

Clinical Classification / Titles -72

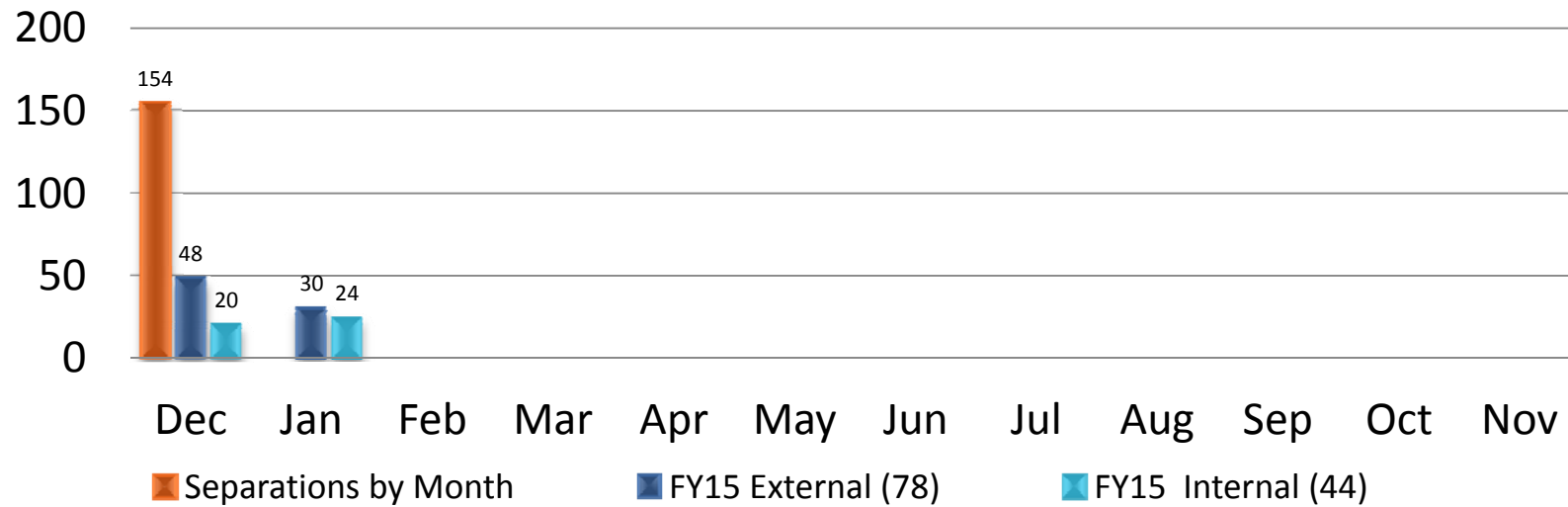
Clinic Coordinator
Dentistry
Electrocardiogram Technician
Epidemiologist
Licensed Practical Nurse
Medical Assistant
Medical Social Workers
Medical Technologist
Nursing
Pharmacy
Physician
Physicians
Radiology
Ward Clerk

Non-Clinical Classifications / Titles -50

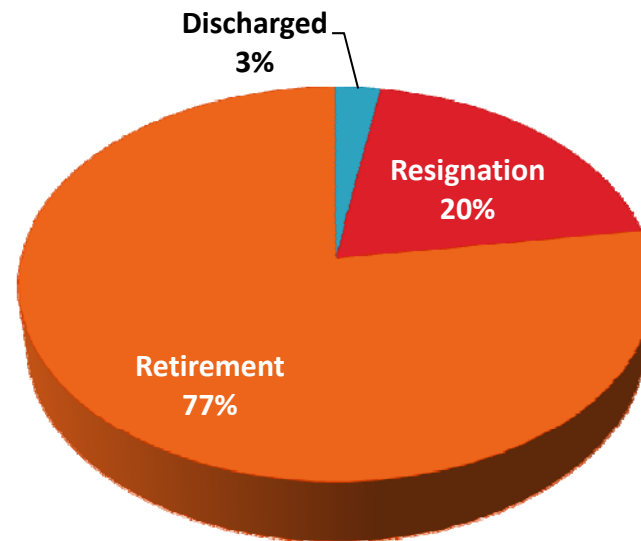
Building Service Worker
Clerical / Administrative
Food Service / Dietary
Human Resources / Labor Relations
Information Technology
Leadership / Management
Procurement / Supply Chain
Scheduler / Dispatcher
Trades



2015 Separations & Hires



Separations by Reason



FY 2014 In Review

Organization & Department Priority: Fill Vacancies

- ✓ Began FY14 with 1,0137 vacancies; ended with 978 vacancies; a net gain of 159
 - CCHHS' vacancies were consistently above 1,000 over the past few years
- ✓ Filled 874 vacancies- 157 more vacancies in FY14 than FY13 (an increase of 22%)
- ✓ Significant work in 3rd and 4th Quarters of FY14 allowed us to absorb calendar year separations. Despite 154 separations in December 2014, we did not close any beds – unlike what occurred in December 2011 / January 2012
- ✓ 874 vacancies filled
 - 513 External / 361 Internal (163 Promotions and 198 Transfers)
 - 75% of vacancies filled were clinical positions
 - 47% of vacancies filled were RNs and MDs combined
- ✓ Reasons for success:
 1. Additional staffing in Recruiting allowed us to increase our ability and capacity to process more RTH packets
 2. Operational efficiencies around work given to Recruiting; our posting strategy; consolidation of candidate pools
 3. A significant increase in advertising and the use of external sites for posting
 4. Filling vacancies was identified as an organizational priority
 5. Improved collaboration with Hiring Managers
 6. Filling vacancies was identified as an organizational priority

A Preview of FY 2015

- ✓ Will continue to present Recruiting progress on a monthly basis

FY15 data will be provided either on a Monthly (M) basis or on a Quarterly (Q) basis

Quarter 1 – FY 2015

January

- Closed out FY14
- Introduced Diversity data (Q)
- Orientation & Exit Survey Feedback (Q)
- SHC Update (M)

February

- Employment Plan Update (Q)
- SHC Update (M)
- Introduce HR Metrics

Quarter 2 – FY 2015

March

- Report on HR Metrics (Q)
- Case Mgmt Overview (Q)
- Introduce Labor Metrics (Q)
- SHC Update (M)

April

- Diversity Report (Q)
- Orientation & Exit Survey Feedback (Q)
- Reference Check Overview (Q)
- SHC Update (M)

May

- Report on Labor Metrics (Q)
- Employment Plan Update (Q)
- SHC Update (M)

Quarter 3 – FY 2015

June

- Report on HR Metrics (Q)
- Case Mgmt Project (Q)
- SHC Update (M)

July

- Reference Check Update (Q)
- Diversity Report (Q)
- Orientation & Exit Survey Feedback (Q)
- SHC Update (M)

August

- Report on Labor Metrics (Q)
- Employment Plan Update (Q)
- SHC Update (M)

Quarter 4 – FY 2015

September

- Report on HR Metrics (Q)
- Case Mgmt Project (Q)
- SHC Update (M)

October

- Reference Check Update (Q)
- Diversity Report (Q)
- Orientation & Exit Survey Feedback (Q)
- SHC Update (M)

November

- Report on Labor Metrics (Q)
- Employment Plan Update (Q)
- SHC Update (M)

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
January 30, 2015

ATTACHMENT #4

Finance Committee Metrics
1/30/15 CCHHS Board of Directors Meeting

Financial Dashboard					
Cash					
Balance 11/30/2013			\$138,826,876		
Balance 10/31/2014			\$240,591,000		Preliminary
Improvement			\$101,764,124		
Accounts Receivable					
Net of Allowances 11/30/2013			\$71,950,316		
Net of Allowances 10/31/2014			\$71,501,000		Preliminary
Improvement			\$449,316		
CountyCare Net Income			(\$24,035,245)		Through October 31
CCHHS Net Income			(\$34,980,000)		Through October 31
Impact on Unrestricted			(\$4,199,000)		Through October 31

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
January 30, 2015

ATTACHMENT #5

RULES OF ORGANIZATION AND PROCEDURE
Of the Board of Directors of the
Cook County Health and Hospitals System

RULES OF ORGANIZATION AND PROCEDURE
Of the Board of Directors of the
Cook County Health and Hospitals System

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Preamble

The Cook County Board of Commissioners established the Cook County Health and Hospitals System (“CCHHS”) by Ordinance. The CCHHS is governed by a Board of Directors (“System Board”) as set forth in the Ordinance. The Ordinance sets forth the mission of the CCHHS and the general powers and duties of the System Board. In order to provide for the orderly implementation of the Ordinance, the System Board adopts these Rules.

Rule 1. Purpose.

The purpose of these Rules is to:

- (a) Provide appropriate procedures and organization for the System Board to conduct its business in an orderly and efficient manner; and
- (b) Foster accountability in the CCHHS.

Rule 2. Definitions.

The following words, terms and phrases, when used in these Rules, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

- (a) *Affiliate or CCHHS Affiliate* means the health care entities comprising the Cook County Health and Hospitals System including; the Ambulatory Community Health Network of Cook County, including the Ruth M. Rothstein CORE Center of Cook County; Cermak Health Services of Cook County; the Cook County Department of Public Health; Provident Hospital of Cook County; and the John H. Stroger, Jr. Hospital of Cook County.
- (b) *CCHHS* means the Cook County Health and Hospitals System.
- (c) *Chair* means the Chair of the System Board.
- (d) *Committee Chair* means the chair of a Standing or Special Committee.
- (e) *Committee* means a committee of the System Board and includes a Standing Committee or Special Committee.
- (f) *Director* means a currently serving member of the System Board.
- (g) *Non-Director* means a member of a Committee or a Subcommittee who shall not have a vote; shall not be entitled to make or second motions; and shall not be considered for a quorum.
- (h) *Ordinance* means the Cook County Ordinance Establishing the Cook County Health and Hospitals System, as amended from time to time.

- (i) *Presiding Officer* means the Chair of the System Board for meetings of the System Board; the appointed Committee Chair for meetings of Committees; the appointed Subcommittee Chair for meetings of Subcommittees; or in the absence of the Chair, Committee Chair or Subcommittee Chair or during the temporary inability of the Chair, Committee Chair or Subcommittee to act, the Director appointed to act in accordance with these Rules.
- (j) *Secretary to the Board* means the Secretary to the System Board.
- (k) *Subcommittee Chair* means the chair of a Standing Subcommittee or Special Subcommittee.
- (l) *Subcommittee* means a subcommittee of a Committee of the System Board and includes a Standing Subcommittee and Special Subcommittee.
- (m) *System Board* means the eleven-member Board of Directors charged with governing the Cook County Health and Hospitals System pursuant to the Cook County Ordinance Establishing the Cook County Health and Hospitals System.
- (n) *Vice Chair* means the Vice Chair of the System Board.

Rule 3. Interpretation, force and effect.

- (a) *Applicability.* The meetings and actions of the System Board, including all of its Committees, shall be governed by these Rules.
- (b) *Effective date.* These Rules shall be in full force and effect upon adoption by the System Board, and shall remain in full force and effect except as amended in accordance herewith, or until superseded by new rules.
- (c) *Interpretation.* These Rules are to be construed in accordance with the customary American usage and meaning of parliamentary terms and expressions and the plain meaning of the ordinary words appearing herein. In case of ambiguous application, these Rules shall be applied in a manner that fosters openness, accountability and fairness in the operation of the System Board.

Rule 4. Organization.

- (a) *Officers.* Each year at its Annual Meeting, the System Board shall elect Directors to serve as Chair and Vice Chair. A Director may be elected to either of the officer positions for successive terms.
 - (1) Chair.

The Chair shall preside at all meetings of the System Board; shall appoint the members of all Committees and designate their Committee Chair; and shall be an ex-officio member, without vote, of all Committees to which the Chair is not an appointed member, unless the Chair is appointed to serve as a substitute member in order to achieve a quorum pursuant to Rule 4, Organization, Section 4(d)(5). Unless otherwise instructed by the System Board, the Chair may, at his or her discretion, refer matters before the System Board to the proper Committee of said System Board for consideration and recommendation. The Chair or the Chair's designee shall be responsible for all correspondence of the System Board.

(2) Vice Chair.

The Vice Chair shall perform the duties of the Chair in the Chair's absence or in the event of the Chair's resignation, death, disability or recusal pending selection of the Chair's successor at either a regular or Special meeting of the System Board.

- (b) *Secretary to the Board.* A full-time Secretary to the Board shall be employed by the CCHHS and shall report directly to the Chair. Additional qualified CCHHS personnel may be approved by the Chair to fulfill the duties of the Secretary to the Board during periods of unavailability or to perform duties and responsibilities assigned by the Secretary to the Board when activity volumes require that additional personnel be assigned for this purpose. The Secretary to the Board shall keep suitable records of all proceedings of each meeting of the System Board and its Committees and Subcommittees. After approval, such records shall be read and signed by the Chair or the Presiding Officer, and attested by the Secretary to the Board. The System Board may have a seal on which shall be engraved the name of the CCHHS, and said seal shall be kept by the Secretary to the Board and used in authentication of all acts of the System Board.

(c) *Committees and Subcommittees.*

- (1) There may be Standing and Special Committees of the System Board. The number of members of each Committee shall be determined by the Chair but in no event shall a Committee consist of less than three (3) Director members.

(2) The Standing Committees of the System Board shall be as set forth below:

- A. Audit and Compliance. The primary duties of this Committee are to oversee CCHHS's internal audit and corporate compliance functions, as well as oversee the independent audit of CCHHS statutory financial statements. This Committee shall receive and review reports prepared by the internal audit and corporate compliance departments. This Committee shall oversee the selection of independent auditors for the CCHHS in accordance with the Ordinance, review accounting policies and financial reporting and disclosure practices of the CCHHS, and review the effectiveness of the CCHHS financial and operating controls. Additionally, the Committee will assist the System Board in fulfilling its oversight responsibilities of the CCHHS corporate compliance effort. This

Committee shall assess its responsibilities as business conditions require, and determine a plan to implement those responsibilities. This Committee shall consider other matters as may be assigned by the System Board.

- B. Finance. This Committee shall be familiar with and review the income and expenditures of the CCHHS, advise the Chief Executive Officer and the Deputy Chief Executive Officer of Finance and Strategy in preparation of the budget, review the proposed budget in advance of presentation to the System Board, and make recommendations to the System Board on all such financial matters. Additionally, this Committee will develop and present to the System Board recommended multi-year financing plans as provided in the Ordinance. This Committee shall be responsible for developing, implementing and monitoring policies and procedures regarding procurement and contracting for the CCHHS, including providing for appropriate review of purchase contracts by this Committee. This Committee shall further develop its responsibilities and determine a plan to implement those responsibilities. This Committee shall consider other matters as may be assigned by the System Board.
- C. Human Resources: This Committee shall develop and monitor policies and procedures for the CCHHS related to personnel issues with regard to all employees, including physicians and dentists, within the CCHHS, including, but not limited to, position classification, compensation, recruitment, selection, hiring, discipline, termination, grievance, affirmative action, performance management, probationary periods, training, promotion and maintenance of records. This Committee shall receive and review the reports prepared by the CCHHS Chief of Human Resources. This Committee shall further develop its responsibilities and determine a plan to implement those responsibilities. This Committee shall consider other matters as may be assigned by the System Board.
- D. Quality and Patient Safety. The CCHHS Chief Executive Officer, Deputy Chief Executive Officer of Operations, Executive Medical Director, Chief Operating Officer Hospital-Based Services, Chief Operating Officer Ambulatory Services, Medical Director of Ambulatory Services, the Executive Director of Nursing, the President of the Medical Staff of each CCHHS hospital Affiliate, the Medical Director of each Affiliate, the Director of Nursing of each Affiliate, Senior Director Integrated Care Management and the Chief Quality Officer shall be ex-officio members of this Committee without a vote and shall not be considered in determining a quorum. The chair of this Committee or designee may serve as a member of the Joint Conference Committees of the Medical Staffs of the CCHHS hospital Affiliate. The Quality and Patient Safety Committee shall oversee the quality, safety and performance improvement programs of the CCHHS, with the goal of recognizing the critical importance of maintaining high quality service and patient and staff safety and satisfaction. This Committee shall receive reports on pertinent matters of quality, safety, satisfaction, regulatory and accreditation activities at least quarterly from the CCHHS Chief Quality Officer or designee, and shall report on such matters to the System Board. This Committee shall be

responsible for serving as a liaison between the CCHHS' hospital Affiliate Medical Staffs and the System Board. The System Board delegates to this Committee the authority to consider and render a final decision with regard to applications for initial appointment or reappointment to membership on the hospital Affiliate Medical Staffs and for initial clinical privileges or the renewal or modification of clinical privileges; assignment of staff category, department and division; and any special conditions to the appointment or reappointment, consistent with the procedures set forth in applicable CCHHS policies and CCHHS hospital Medical Staff Bylaws. An additional purpose of this Committee is the full and candid discussion of matters which affect the CCHHS' hospital Affiliate Medical Staffs and the System Board. This Committee shall further develop its responsibilities and determine a plan to implement those responsibilities. This Committee shall consider other matters as may be assigned by the System Board.

- E. Managed Care. This Committee shall receive and review reports prepared by the Deputy Chief Executive Officer of Finance and Strategy or designee with regard to the performance of the CountyCare Health Plan and the CCHHS at-risk managed care contracts including reporting on matters concerning quality and patient safety, finance, operations, and State required oversight activities. These reports shall also include briefings on key strategic initiatives regarding the scope and direction of CountyCare and the CCHHS at-risk managed care contracting. This Committee shall also receive and review reports prepared by the Chief Compliance and Privacy Officer with regard to compliance matters involving CountyCare. This Committee shall assist the System Board in its oversight responsibilities regarding CountyCare and the CCHHS at-risk managed care contracts, and provide guidance and make recommendations to CCHHS leadership regarding at-risk managed care operations, finances, compliance matters and strategic initiatives. This Committee shall promote full and candid discussion of critical matters impacting the performance of CountyCare and at-risk managed care contracts as well as impacting the overall performance of CCHHS. This Committee shall serve as a conduit for CountyCare's reporting to the System Board as required by County MCCN contract with the State. The Chair of this Committee shall coordinate with the Chairs of the Audit and Compliance, Finance and Quality and Patient Safety Committees regarding CountyCare and the CCHHS at-risk managed care contract matters relevant to the respective responsibilities of those Committees. This Committee shall further develop its responsibilities and determine a plan to implement those responsibilities. This Committee shall consider other matters as may be assigned by the System Board.
- (3) A Committee may create a Subcommittee. Subcommittees may be either Standing Subcommittees or Special Subcommittees. The motion creating a Subcommittee shall specify the subject matter of the Subcommittee and the number of members to be appointed thereto, and may specify a date upon which the Special Subcommittee shall be abolished.

- (4) Following each meeting of a Committee, the Committee Chair or designee shall submit minutes to the System Board for consideration at a meeting of the System Board. The System Board shall either approve or receive and file the Committee minutes. Approval of a Committee's minutes by the System Board shall constitute approval of the actions and/or recommendations contained in the minutes.

Following each meeting of a Subcommittee, the Subcommittee chair or designee shall submit minutes to the Committee for consideration at a meeting of the Committee. The Committee shall either approve or receive and file the Subcommittee minutes. Approval of a Subcommittee's minutes by the Committee shall constitute approval of the actions and/or recommendations contained in the minutes.

(d) *Membership and officers of Committees and Subcommittees.*

- (1) The members and Committee Chairs of each Standing Committee shall be appointed annually by the Chair at or around the time of the System Board's Annual Meeting. The members and Committee Chair of a Special Committee shall be appointed by the Chair as needed; and the Chair shall specify the subject matter of the Special Committee, and may specify a reporting date at which time the Special Committee shall be abolished. Unless an earlier or later date is specified by the Chair, Special Committees shall expire one (1) year after their creation. Unless otherwise specified in these Rules, the Chair may appoint non-Director members to a Committee.

The Committee Chair shall appoint the members of a Subcommittee and the Subcommittee Chair. The Committee Chair may appoint non-Director members to a Subcommittee.

The non-Director member of a Committee or a Subcommittee shall not have a vote; shall not be entitled to make or second motions; and shall not be considered for a quorum. Following appointment, non-Director members will be considered for reappointment at the next System Board's Annual Meeting and each Annual Meeting thereafter.

The appointment of Committee or Subcommittee members shall be effective immediately unless otherwise specified by the Chair or Committee Chair. Committee or Subcommittee members shall serve until the Chair or Subcommittee Chair appoints another member to serve in their place or they resign from the Committee, Subcommittee or System Board.

In appointing non-Director members to a Committee or a Subcommittee, the Chair or Committee Chair, respectively, shall appoint individuals who possess expertise with regard to the Committee's or Subcommittee's responsibilities as set forth in these Rules. The non-Director member shall:

1. maintain confidentiality with regard to information obtained in his or her role as a non-Director member;

2. have a fiduciary duty to the CCHHS with regard to any activities arising out of his or her role as a non-Director member; and
 3. abide by these Rules including, but not limited to, Rule 6, Conflict of Interest, and Rule 7, Official Position Statements.
- (2) The Chair shall be an ex-officio member, without voting rights, of each Committee to which the Chair is not an appointed member. The Chair shall not be considered in determining the presence of a quorum for a meeting of a Committee to which the Chair is not an appointed member, unless the Chair is appointed to serve as a substitute member in order to achieve a quorum pursuant to Rule 4, Organization, Section 4(d)(5).
 - (3) A vacancy on a Committee or Subcommittee or in the position of Chair of a Committee or Chair of a Subcommittee shall be created when a Director resigns from such position or ceases to be a Director. Resignations shall be made in writing to the Secretary to the Board, who shall promptly notify the Chair and all Directors.
 - (4) Vacancies on Committees or in the position of Committee Chair shall be filled by the Chair. Vacancies on Subcommittees or in the position of Subcommittee Chair shall be filled by the Chair of the Committee which created the Subcommittee.
 - (5) The Committee Chair or Subcommittee Chair shall have the authority to call and preside at meetings of their respective Committee or Subcommittee. In the event the number of Directors in attendance at a scheduled meeting of a Committee or Subcommittee is smaller than the number required for a quorum, the Committee Chair or Subcommittee Chair shall have the authority to appoint any Director(s) in attendance at that meeting to serve as a substitute member(s) of that Committee or Subcommittee, for purposes of that meeting only, to the extent necessary to achieve a quorum. Such substitute member(s) shall have voting rights and shall be counted in determining whether a quorum is present. In the event the sitting member subsequently arrives during the meeting, the appointment of the substitute member shall automatically terminate.
 - (6) Any Director physically present at a meeting or participating by audio or video conference by consent of a majority of the quorum of Directors present and voting, even if not a member of a Committee or Subcommittee, shall be afforded the courtesy of participating in debate on any item before a Committee or Subcommittee.
- (e) *Public hearings.* The System Board may hold public hearings as it deems appropriate to the performance of any of its responsibilities. Such public hearings may be held provided that the following requirements are satisfied:
- (1) a notice containing the time, place and subject matter of the hearing and solicitation of pertinent public testimony shall be placed on the CCHHS' website and provided to the County for posting on its website.

- (2) any other applicable meeting notification requirements found elsewhere in these Rules or law.
- (f) *Discharge from a Committee by the System Board.* The System Board may discharge any matter from a Committee.

Rule 5. Parliamentary rules.

(a) *Meetings.*

- (1) Meeting Calendar. The System Board shall hold regular meetings pursuant to an annual calendar set by the System Board prior to December 1st of each year. Such calendar shall include the date, time, and location of each regular meeting. The System Board's Annual Meeting shall take place in conjunction with the July Board meeting. The date of a regular meeting or the Annual Meeting may be changed by consensus of the Directors as ascertained by the Secretary to the Board. Notice of the rescheduling of a regular meeting or the Annual Meeting shall be as provided in this Rule 5, Parliamentary rules, Section (g), Prior notice to public; agendas.
- (2) Special Meetings. It shall be the duty of the Chair to call Special meetings of the System Board whenever the Chair determines such meetings are necessary. It shall also be the duty of the Committee or Subcommittee Chair to call special meetings of a Committee or Subcommittee whenever the Committee or Subcommittee Chair determines such meetings are necessary. In addition to any notice required by the Open Meetings Act or other applicable law, the Chair must give no less than two (2) business days advance written notice of such Special meetings to the Directors and to the public.

Special meetings of the System Board shall also be held whenever requested by at least one-third of the Directors currently appointed. In addition to any notice required by the Open Meetings Act or other applicable law, the Secretary to the Board or designee must give no less than two (2) business days advance written notice of such Special meetings to the remaining Directors.

Notwithstanding the above provisions, a Special meeting of the System Board may be called in the event that the Chair or one-third of the Directors currently appointed states that an emergency exists. A Special meeting of a Committee may be called in the event that the Committee Chair or one-third of the Directors currently appointed to the Committee states that an emergency exists. The Secretary to the Board or designee must give no less than twenty-four (24) hours advance written notice to the Directors and to the public, unless such notice is not reasonable under the circumstances. In such case notice shall be given as soon as practicable.

All notices of Special meetings must include an agenda for such meeting.

- (b) *Presiding Officer.* The Chair shall preside at all meetings of the System Board and shall generally perform the duties customarily performed by a Presiding Officer. In the absence of the Chair, or during the temporary inability of the Chair to act, the Vice-Chair shall preside at meetings of the System Board. If both the Chair and the Vice Chair are unable to preside at the meeting, the System Board shall appoint a Director to preside at that meeting. In the absence of a Committee or Subcommittee Chair, or during the temporary inability of the Committee or Subcommittee Chair to act, the Directors of that Committee or Subcommittee shall appoint a Director who is a member of that Committee or Subcommittee to preside at that meeting. During a closed meeting of the System Board or a Committee or Subcommittee, the Presiding Officer shall determine which non-member individuals remain in the closed meeting.
- (c) *Quorum.* A majority of the currently appointed Directors shall constitute a quorum for a meeting of the System Board. A majority of Directors appointed to any Committee or Subcommittee shall constitute a quorum for a meeting of such Committee or Subcommittee. Directors in attendance at a meeting of a Committee or Subcommittee who are appointed to serve as substitute members of that Committee or Subcommittee pursuant to Rule 4, Organization, Section (d)(5), Membership and officers of Committees and Subcommittees, shall be considered in determining whether a quorum is present.

A quorum of Directors must be physically present at the location of a meeting of the System Board, its Committees or Subcommittees. If a quorum of the Directors is physically present at a meeting of the System Board or one of its Committees or Subcommittees, a majority of the Directors present and entitled to vote may allow a Director to attend the meeting by other means if the Director is prevented from physically attending because of: (i) personal illness or disability; (ii) employment purposes or the business of the public body; or (iii) a family or other emergency. "Other means" is by video or audio conference.

If a Director wishes to attend a meeting by other means, the Director must notify the Secretary to the Board before the meeting unless advance notice is impractical.

Non-Director members of a Committee or Subcommittee may participate by other means at the discretion of the Committee or Subcommittee Chair.

- (d) *Majority votes.* Actions of the System Board shall require the affirmative vote of a majority of the Directors present and voting at the meeting at which action is taken. Actions of a Committee or Subcommittee of the System Board shall require the affirmative vote of a majority of the Directors present and entitled to vote at the meeting at which action is taken. A vote of "present" shall not be counted in determining the number of Directors voting on a question.
- (e) *Absence of quorum.* Should a quorum not be present at any meeting of the System Board or at any Committee or Subcommittee meeting, the meeting shall not thereby stand adjourned, but the Directors present shall be competent to adjourn, receive information or

public testimony but take no formal action, or recess the meeting to a specified date and time by a majority vote of those Directors present and entitled to vote.

(f) *Order of business.*

(1) At each regular meeting of the System Board, the order of business (unless otherwise directed by leave of the System Board) is as follows:

- (A) Call to Order and Roll Call
- (B) Public Speakers
- (C) Employee Recognition
- (D) Approval and correction of minutes of previous meetings, and approval of Committee Meeting Minutes
- (E) Action Items
- (F) Recommendations, Discussion/Information Items
- (G) Report of the Chairman
- (H) Report of the Chief Executive Officer
- (I) Closed Session, as needed
- (J) Adjournment

(2) All questions relating to the priority of business of the System Board or a Committee or Subcommittee shall be decided by the Presiding Officer, without debate, subject to appeal.

(g) *Public speakers.*

The System Board, a Committee or Subcommittee shall grant members of the public leave to speak for up to three (3) minutes on items pending before the System Board, Committee or Subcommittee. Public speakers must register to speak with the Secretary to the Board prior to the start of the meeting and will be called in the order in which they register. At the discretion of the Presiding Officer, public speakers may speak at the beginning and/or at the end of the agenda for the meeting. In the event the number of public speakers registered requires time beyond that allotted for the agenda, the Directors may recess or adjourn to a day certain to complete hearing public testimony or allow the members of the public to submit written testimony in lieu of speaking before the System Board, a Committee or Subcommittee.

(h) *Prior notice to public; agendas.*

(1) No less than two (2) full business days before any meeting of the System Board or of a Committee or Subcommittee, notice and an agenda for such meeting shall be provided to the Chair, all Directors, all non-Director members and all news media that have requested notice of meetings and shall be posted at the principal office of the System Board and at the location where the meeting is to be held. In addition, notices and agendas of all meetings shall be posted on the CCHHS website, if available, and provided to the County for posting on its website.

- (2) The agenda shall briefly describe all matters that will be considered at the meeting. Material pertinent to a matter on a System Board agenda shall be supplied, along with the agenda, to the Chair and to each of the Directors, and all material pertinent to any matter on a Committee or Subcommittee agenda shall be supplied, along with the agenda, to the Committee or Subcommittee Chair and each member of the Committee or Subcommittee. With the exception of materials that are confidential as provided by law, such material shall also be available to the public upon request.
- (3) Matters may be placed on the agenda of a System Board meeting by the Chair or any Director. Committee minutes shall be placed on the agenda of a System Board meeting by the Committee Chair or designee. Matters may be placed on the agenda of a Committee or Subcommittee meeting by a Director who is a member of the Committee or the Subcommittee or by the Chair, in his ex-officio capacity.
- (4) Matters may be placed on an agenda not later than noon of the day previous to the day on which that agenda is required to be distributed by the Secretary to the Board or at the discretion of the Chair.

It shall be the duty of the Secretary to the Board or designee to prepare, post, and distribute all agendas for meetings of the System Board, and for Committee and Subcommittee meetings.

- (5) When practicable, and with the exception of materials that are confidential as provided by law, materials pertinent to a matter on an agenda for meetings of the System Board and its Committees and Subcommittees which have already been distributed to the Directors as part of their back-up material may be posted on the CCHHS website prior to the meeting. Following the meeting, documents presented at the meeting that were not posted to the CCHHS website in advance, with the exception of materials that are confidential as provided by law, may be posted to the CCHHS website.
- (i) *Decorum.* The Presiding Officer shall preserve order and decorum, may speak to points of order in preference to other Directors, and shall decide all questions of order, subject to appeal. A Director and non-Director member shall confine herself or himself to the matters before the System Board, avoid personalities, and in general observe all parliamentary rules pertaining to orderly procedure and decorum.
 - (j) *Recognition for debate.* A Director or non-Director member desiring to obtain the floor shall address the Presiding Officer. If two or more Directors or non-Director members shall properly request recognition, the Presiding Officer shall recognize the one who first spoke. A Director or non-Director member shall not proceed with remarks until recognized and named by the Presiding Officer. The Chair and all Directors and non-Director members shall be given a full opportunity to participate in the debate on all debatable questions, except when a Director has called the previous question.

- (k) *Debate.* No Director or non-Director member shall speak more than twice or longer than a total of ten minutes on the same question, without leave of the System Board. Responses by witnesses and CCHHS staff to questions of a Director or non-Director member shall not be counted against the speaking time allotted to such Director or non-Director member. The proponent of the item under consideration, or a Committee or Subcommittee Chair whose report is under consideration, as the case may be, shall have the right to open and close debate.
- (l) *Voting and roll call.*
 - (1) If any Director requests it, a roll call upon any question shall be taken and entered in the minutes, but, unless otherwise required by law, a roll call shall not be taken unless called for prior to, during or immediately after any vote on the question.
 - (2) A roll call once ordered shall not be interrupted. When a roll call has commenced, all debate on the question shall be deemed concluded. During the taking of the roll call, Directors shall respond to the calling of their names by answering "yea," "nay," or "present."
- (m) *Division of questions.* If any question presented contains several separable propositions, a demand by any Director to "divide the question" shall be in order.
- (n) *Appeal from a ruling of the Presiding Officer.* Any Director entitled to vote may appeal to the System Board, Committee or Subcommittee from a ruling of the Presiding Officer. The Director making the appeal may briefly state the reason for the appeal, and the Presiding Officer may briefly explain the ruling; but there shall be no debate on the appeal and no other Director or non-Director member shall participate in the discussion. The Presiding Officer shall then put the question, "Shall the decision of the Chair [Committee or Subcommittee Chair] be sustained?" If a majority of Directors, including the Presiding Officer, provided he or she is a Director, and the Director bringing the appeal, vote "nay," the decision of the Presiding Officer shall be overruled; otherwise, it shall be sustained. If sustained, the ruling of the Presiding Officer shall be final.
- (o) *Personal privilege.* The right of a Director to address the System Board, a Committee or Subcommittee on a question of personal privilege shall be limited to cases in which the Director's integrity, character, or motives are assailed, questioned, or impugned.
- (p) *Special order of business.* Any matter before the System Board, a Committee, or Subcommittee referenced in an agenda provided to the Directors, non-Director members and the public in accordance with these rules may be taken out of order by the Presiding Officer.
- (q) *Order of precedence during debate.* When a question is under debate, the following motions shall be in order and shall have precedence over each other in order, as listed:
 - (1) To adjourn to a day certain (amendable, debatable).

- (2) To adjourn.
- (3) To take a recess (debatable).
- (4) To lay on the table.
- (5) To call the previous question.
- (6) To refer (debatable).
- (7) To amend (amendable, debatable).
- (8) To defer to a time certain (debatable).
- (9) To defer indefinitely (amendable, debatable).

- (r) *Motions.* A motion may be made or seconded by any Director of the System Board or by any Director member of a Committee or Subcommittee, including the Presiding Officer.

(1) *Motion to adjourn.*

A motion to adjourn is always in order except:

- (A) When a Director has the floor.
- (B) When the roll is being called or the Directors are voting.
- (C) When the previous motion was a motion to adjourn.
- (E) When the "previous question" has been ordered.

When the Presiding Officer has completed going through the items on an agenda of a meeting of the System Board, a Committee or Subcommittee, and it appears that there is no further business, the Presiding Officer may ask, "Is there any further business?" If there is no response, the Presiding Officer may say, "Since there is no further business, the meeting is adjourned," and no motion to adjourn is necessary.

(2) *Motion to reconsider.*

(A) A vote or question may be reconsidered at any time during the same meeting, at a Special meeting called to reconsider the vote or question held prior to the next regular meeting or at the next regular meeting.

(B) A motion for reconsideration, having been once made and decided in the negative, shall not be renewed, nor shall a motion to reconsider be reconsidered.

(C) A motion to reconsider must be made by a Director who voted on the prevailing side of the question to be reconsidered.

- (s) *Amendment or suspension of Rules.*

(1) *Suspension of Rules.* Any provision of these Rules may be temporarily suspended by a majority vote of the Directors present and entitled to vote at a System Board meeting

or meeting of a Committee or Subcommittee, upon motion of any Director entitled to vote at the meeting specifying the rule to be suspended.

- (2) *Amendment of Rules.* The provisions of these Rules may not be altered or amended in whole or in part except as provided herein. A proposed amendment to the Rules may originate from any Director. The proposed amendment shall be sent in writing to the Chair and to the Secretary to the Board. The Secretary shall place the proposed amendment on the agenda of the next regular meeting of the System Board with notice as provided in these Rules. The proposed amendment is approved by the affirmative vote of a majority of the quorum of Directors present and entitled to vote. An amendment to the Rules shall take effect and be in full force upon approval by the System Board unless otherwise specified.
- (t) *Rules for Committee and Subcommittee meetings.* Unless otherwise specified in these Rules, the rules of procedure for all Committee and Subcommittee meetings shall be the same as for System Board meetings.
- (u) *Robert's Rules of Order.* The rules of parliamentary practice set forth in "Robert's Rules of Order" (Newly Revised) by Henry M. Robert III, *et al.*, shall govern the System Board in all cases in which they are applicable and not inconsistent with the provisions of these Rules.
- (v) *Recordings of meetings.* The Secretary to the Board or designee is responsible for audio recording all meetings of the System Board or of a Committee or Subcommittee. The audio recordings of public meetings of the System Board shall be retained by the Secretary to the Board or designee in accordance with applicable law, but in no case for a period shorter than one year. Audio recordings of meetings other than closed sessions shall be available for review upon written request to the Secretary to the Board or designee. Audio recordings of closed sessions shall be retained by the Secretary to the Board or designee in a secure fashion and shall not be available to any person except as required by law.

Rule 6. Conflict of Interest.

While serving on the System Board, Directors and non-Director members shall act in the best interest of the CCHHS in all matters relating to the CCHHS. The provisions of the Cook County Ethics Ordinance, the CCHHS Standard of Conduct (Code of Ethical Conduct) that supplements the Cook County Ethics Ordinance and the CCHHS Conflict of Interest policy shall apply to the Directors and non-Director members. Each Director and non-Director member shall annually affirm that they: (i) have received a copy of the CCHHS Conflict of Interest Policy ("Policy"); (ii) have read and understand the Policy; and (iii) agree to comply with the Policy. Each Director shall also annually complete a Disclosure of Interest Statement which shall be submitted to the CCHHS Chief Compliance Officer. The Directors may adopt a Professional and Ethical Protocol consistent with the Ethics Ordinance.

Any Director or non-Director member who has a conflict of interest in a matter involving the System shall declare the conflict to the System Board, or a Committee or Subcommittee, in open

session, shall disclose the basis for the conflict and shall refrain from participating in the consideration of the matter, except as the Director or non-Director member may be called upon for information.

Rule 7. Official Position Statements

Official position statements of the System Board will be made only after concurrence of a majority of the Directors and shall be issued only through the Chair or the Chair's designee.

July 23, 2008 – Rules of the System Board were approved, as amended

August 7, 2008 – Amendments to the Rules of the System Board were approved, as amended

September 5, 2008 – An Amendment to the Rules of the System Board was approved

May 31, 2012 – Amendments to the Rules of the System Board were approved

August 9, 2012 – Amendments to the Rules of the System Board were approved

September 5, 2012 - Amendments to the Rules of the System Board were approved

July 26, 2013 – Amendments to the Rules of the System Board were approved

December 12, 2014 – Amendments to the Rules of the System Board were approved

January 30, 2015 – Amendments to the Rules of the System Board were approved

Cook County Health and Hospitals System
Board of Directors Meeting Minutes
January 30, 2015

ATTACHMENT #6



JOHN JAY SHANNON, MD
CHIEF EXECUTIVE OFFICER
COOK COUNTY HEALTH & HOSPITALS SYSTEM
REPORT TO THE BOARD OF DIRECTORS
January 30, 2015

Recognition

- On December 11, 2014, four lives were saved as the result of the kindness of one family who suffered a tragic loss. As their loved one was dying, they made the generous decision to donate the lungs, liver, kidneys and pancreas for transplant as well as the heart for research. CCHHS works very close with the Gift of Hope and has recently instituted a new Family Support Protocol which has resulted in increased donations. The entire team - from the doctors to the nurses to the social workers are involved in every organ donation case. The team on this particular case included social worker **Andy Wheeler** and nurses **Jeff Murphy** and **Mariflor Sumait** whose resuscitation efforts provided the critical time needed to harvest the organs. While Mariflor is a CCHHS nurse, she is also a Navy reserve nurse and an important leader in our Navy training program.
- Provident Hospital of Cook County has received official notice from The Joint Commission of reaccreditation for a three year period ending in November, 2017. The System/Provident team was headed by **Dr. Krishna Das, Peter Daniels, Dr. Aaron Hamb, Lisa Blutcher, Tom Whelan, Karen Duncan, Sandra Sperry**.
- **Dr. Thomas Mason** will be joining the Office of the National Coordinator for Health Information Technology (ONC) as the new Chief Medical Officer, effective February 23, 2015. In this federal position, Dr. Mason will lead and champion clinical oversight of ONC programs and clinical coordination within ONC. ONC is organizationally located within the Office of the Secretary for the U.S. Department of Health and Human Services and is the principal federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. Tom is a board certified internist with an emphasis on primary care and preventative medicine with 14 years of experience, who has practiced for years in our Woodlawn clinic and has been an impassioned clinician and mentor in Project Brotherhood. Throughout his career, he has led the implementation of multiple EHR systems, including the implementation of CCHHS' EHR and our successful attestation of Meaningful Use Stages 1 and 2.

Activities

- The **Central Campus Redevelopment** project continues to evolve. Key members of the leadership team have been meeting regularly to outline an overall ambulatory strategy and plan for the services that will be located in the new building. Meetings with key medical leadership to obtain their feedback around clinical areas have also occurred. The initial responses to the Core Medical RFP are due on February 9th. This initial round will result in the selection of a development team to work in partnership with CCHHS and the Cook County Bureau of Asset Management to program, design, develop and manage a series of distinct medical facilities on behalf of CCHHS and the County. The new development will include outpatient clinical space and administrative office space.
- Stroger Hospital is preparing for its triennial survey by **The Joint Commission**. Our "window" for survey is open and we expect a survey by November. Chapter groups to focus staff competencies and practice around specific areas of requirements have been organized.

- CCHHS is seeking **Primary Care Medical Home (PCMH)** certification from The Joint Commission. This is an important step in the continued transformation of our delivery model to have patient treatment coordinated by a team. This will ensure that our patients receive necessary care in the right place at the right time and in a manner they understand. The initial certification will be sought at the Prieto Health Center with other health centers to follow. The team at Prieto has been working for months to prepare for The Joint Commission's survey. The window for the survey opens in March.
- The **CCHHS Employment Plan** was recently approved by the Federal District Court Judge Schenkier. In order to come into substantial compliance with the Shakman Consent Decrees, CCHHS must demonstrate success in implementing the new Employment Plan over the next year. Training for all CCHHS employees is mandatory and will be rolled out in phases so we can begin implementing the Employment Plan.
- This week, ***Crain's Chicago Business*** published "Running on Empty", a report based on an analysis of Illinois Department of Public Health annual survey data. Like other health systems across the country, the Cook County Health & Hospitals System is striving to provide the right care, at the right time, in the right place. This means improving access to outpatient care and better managing the care of our patients across the continuum to improve outcomes and lower costs. This transformation will naturally reduce hospitalizations thus impacting our inpatient utilization numbers. This is one of the basic tenants of the Affordable Care Act. CCHHS staffs to the census at both Stroger and Provident and few hospitals staff to their licensed bed number.

There will always be a need for inpatient care and services to meet various needs, particularly for safety net institutions. Stroger is one of four designated resource hospitals in Chicago that works with the Chicago Fire Department to coordinate the healthcare response to disasters. Surge capacity is critical particularly in the case of an urban hospital that operates one of the busiest emergency rooms and trauma units in the state.

Every year, hospitals are required to report utilization data to IDPH. Based on information from these reports, the Crain's report listed Stroger's 2013 total occupancy rate as 67.3 percent and ICU occupancy rate as 27 percent. However, Stroger's ICU occupancy rate was actually 52 percent in 2013. There appears to have been an error in reported data that we are currently investigating. We intend to submit a revised report to the Illinois Department of Public Health.

Legislative Update

Local

Wednesday, December 17, 2014 the Cook County Committee on Legislation and Intergovernmental Relations approved President Preckwinkle's appointment of Dr. Erica Marsh to the Cook County Health and Hospitals System Board of Directors. The appointment was confirmed the same day by the Cook County Board. With the appointment of Dr. Marsh, one vacancy still remains on the CCHHS Board.

Tuesday, February 10, 2015 is the next regular meeting of the Cook County Board.

State

Governor Rauner and the Illinois General Assembly were sworn in to office in early January. Governor Rauner has made a number of key Cabinet appointments. Felicia Norwood has been appointed Secretary of the Illinois Department of Healthcare and Family Services (HFS). Ms. Norwood is a former executive with Aetna and most recently served as the President of the Mid-America region. Ms. Norwood worked from 2006-2010 as the CEO, President and COO of Active Health Management. On the government side, Ms. Norwood served as a Policy Advisor on Human Services to Governor Jim Thompson and a Senior Policy Advisor on Health and Human Services to Governor Jim Edgar.

The Governor will present his State of the State address on Wednesday, February 4, 2015. The Governor will present his proposed Budget to the General Assembly on Wednesday, February 18, 2015.

Federal

Earlier this week Dr. Shannon accompanied President Preckwinkle to Washington, DC to meet with members of the Illinois delegation. Discussions focused on the importance of Medicaid to the overall health of Cook County and an update of CountyCare.

President Obama is expected to release his budget on Monday, February 2, 2015. In March and April, the House and Senate budget committees will begin their budget review process.

Protection of Medicaid remains a key priority for the Cook County Health & Hospitals System at both the State and Federal level.

Recent and Upcoming Events

January 23	CountyCare promotion at the 8th Open Forum Breakfast for Seniors “Sirviendo a las Personas de la Tercera Edad” hosted by Casa Jalisco at 1600 W. Lake Street in Melrose Park.
January 24	CountyCare promotion at a resource fair hosted by the Iglesia Evangelica Emmanuel located at 5018 W. Armitage Street in Chicago.
January 27 & 28	CountyCare promotion at the American Indian ACA Action Days hosted by our CountyCare partner American Indian Health . The program will focus on enrollment information with a special emphasis on the Native American population. The event on the 27 th takes place at the Kateri Center located at 3938 N. Leavitt Street in Chicago and the program on the 28 th will happen at the American Indian Center located at 1630 W. Wilson Avenue in Chicago.
February 8	CountyCare and Provident Hospital services promotion at the health fair hosted by the Lilydale First Baptist Church located at 649 W. 113th Street in Chicago.
February 13	Diabetes education by the CCHHS Division of Endocrinology at a health workshop sponsored by Commissioner Jesus Garcia at the Cooper Dual Language Academy located at 1645 W. 18 th Place in Chicago. CountyCare will also have a table to provide information on Medicaid enrollment.
February 24	CountyCare promotion at the Medicaid Health Awareness and Resource Fairs hosted by the CHA Scatter Sites Northeast/Woodlawn Community Development Corporation located at 4429 N. Clifton in Chicago.
February 28	CountyCare promotion at the Medicaid Health Awareness and Resource Fairs hosted by the Centro Romero located at 6216 N. Clark Street in Chicago.